TO BE

John

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31. DATE FILED (Month, Day, Year)

McKnight

8 - 1991

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21215-0020

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First,	Middle, Last)			OLITTI	ICAIL	E OF	DEAT	17	2. DATE OF	REG. NO			TIME OF DEATH
MARJORIE		CATE	S						MONTH	1.	1991	YEAR	12:37 P
4. SOCIAL SECURITY NUMBER	ER	5. SEX		s. lest birthdey)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH	1771	8. BIRTHPL	ACE (State or Foreign
514-22-5918	8	1 🗆 M 2 😾 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	June	3 ()	1930	Country) Kans	26
9a. FACILITY NAME (If not ins		street and number)	0		9b. CITY	, TOWN OF	R LOCATIO	ON OF DE				NTY OF DEAT	
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	DENT'S EDU		160	Give kind of	work done			90	16b. K	IND OF BU	ISINESS/INC	DUSTRY	
Elementary/Secondary (0-		College (1-4 or 8		lite. Do NOT u	se retired.)								
		5+	I	Physici	an					dica			
17. FATHER'S NAME (First, Mile									ME (First, Mid	Hill			
Clarence S		Cates, Sr	•						aura W				
19a. INFORMANT'S NAME (Ty									Route Number				2000/
Lauren Ann		ome						coad	7				20904
208. METHOD OF DISPOSITION 1∆ Buriel 2 □ Cremation	n 3 🗆 Rem	noval from State	of cemi	ACE AND DAT	or other i	olace)		7.1	DATE	1000		City or Town	
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John !	2//	ipm			74	100 G	eorg	gia A	Ave. N	.W.,	Wash	ingto	n, D.C.
25. PART i. Enter the disabook, or he	saases, Dr	complications the	at causad th	a death. Do	not entai	r tha mod	da Df dy	ing, suc	h se cardia	c or reap	piratory sr	rest,	Approximata Interval Between
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resulting in death)	→	. Cardi	Lopu1mo	onary A	Arres	st							
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Sequentially list conditi- if any, leading to immed	liata 💮												4
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if any, leading to immed cause. Enter UNDERLY!	diata NG ry	_ Chron		DACCO A		2							40 yrs.
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Washington,

32. REGISTRAR'S SIGNATURE

Noundann-Randall

M.D.,

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

106 Irving St. N.W.,

DHMH-18 Rev 1/89

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 1 mounts after death. Page 6 may an	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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	OR /	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled, in by the to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	Hell
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the househol or assembling physician.
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4. SOCIAL SECURITY NUMBER 9. FACILITY NAME (If not institution, give street end in the street end in	S DECEDENT EVER RCES? 1 YES ES, GIVE WAR OR O) o (1-4 or 5+) The Hen The Hen Due To (or As	R IN U.S. ARIN U.S. ARIN U.S. ARIN U.S. ARIN U.S. ARIN U.S. ARIN DATES 164. DEC 164.	t birthday) YRS. 10c. CIT Ba MED NO CCEDENT'S New kind of w Lab artir b. MAILING 813 AND DATE c. crematory UGh C	9b. CITY, TO Ba. 13. WAS If ye 1 USUAL OCCU work done during or retired.) Orer Wedge E of DISPOSI ye or other place Ceme. 22. NAI Gre 50	DECEMBEN BE AND ADD OVE FTS. Brown or Location re loca	ATION OF DE TE ODE 21229 TOF HISPAN When, Mexice NO Specify OTHER'S NA Grad Aller or Rural Road, 4/199 PRESS OF FA Uneral Oad Si	NIC ORIGIN? (Specifin, Puerto Ricen, atc.) 166. KIND OR	90. COUNTY 90. COUNTY 109. CO	Country) NTY OF OEATH Baltimo 10d. 102 ZEN OF WHAT U.S.A. 14. RACE — A Black, Wh Specify: DUSTRY HOSPit Code) 21229 City or Town, 1 1 County Con Two	INSIDE CITY LIMITS? YES 2 NO COUNTRY? American Indian, lite, etc. White tal
9e. FACILITY NAME (If not institution, give street end in ACCOUNTY ACCOUNTY MD Baltimo 10e. STATE 10e. COUNTY MD Baltimo 10e. STREET AND NUMBER 813 WedgeWood Road 11. MARITAL STATUS 12. WAS FOR IF Y 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade complete: Elementary/Secondary (0-12) College 8th 17. FATHER'S NAME (First, Middle, Last) 19e. INFORMANT'S NAME (First, Middle, Last) Chain 19e. INFORMANT'S NAME (First, Middle, Last) 20a. METHOD OF DISPOSITION 10 Removal from 10 Donation 5 Other (Specify) 21. EDUNTURE OF FUNERAL SERVICE LICENSEE 11 EDUNTURE CAUSE (Finel disease or condition resulting in death) a Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLY ING CAUSE (Disease or injury that initiated events resulting in death) LAST d	ore S DECEDENT EVER COES? 1 YES CES, GIVE WAR OR O) o (1-4 or 5+) rles Hen atlona that cads by one cause on	16a. DETERMINED TO THE PROPERTY MODERN PLACE of cometary, Harball sed the deneath line	MED NO SCEEDENT'S No RAILING 813 AND DATE COMMAND AT CO	9b. CITY, TO Ba. 13. WAS If ye 1 USUAL OCCU work done during or retired.) Orer Wedge E of DISPOSI ye or other place Ceme. 22. NAI Gre 50	DWN OR LOCATION TE 10f. ZIP CO S DECENDEN SA, specify Co 18. M PATION ITION (Name P) 7/14 ME AND ADD OVE FI S. Bro	ATION OF DE TE ODE 21229 TOF HISPAN When, Mexice NO Specify OTHER'S NA Grad Aller or Rural Road, 4/199 PRESS OF FA Uneral Oad Si	NIC ORIGIN? (Specifin, Puerto Ricen, atc.) 166. KIND OI 166. KIND OI 167. Middle, M. CCE E. St. Route Number, City o Baltimo DATE 20 F. I HOME, treet Wa	9c. COUNTY 10g. CITIL	TY OF OEATH Baltimo 10d. 102 ZEN OF WHAT U.S.A. 14. RACE, Wh Specify: DUSTRY HOSpit Code) 21229 City or Town, 5 1 County Con Twi	INSIDE CITY LIMITS? YES 2 NO COUNTRY? American Indian, Iffa, etc. White State CY O., PA 17268 Approximate interval Between
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RESIDENCE OF DECEDENT 10e. STATE MD Baltimo 10e. STREET AND NUMBER 813 WedgeWood Road 11. MARITAL STATUS 1 Never Merried 2 Merried 15. OECEOENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Last) Challiam M. Coffman 20e. METHOD OF DISPOSITION 13. Buriston 5 Other (Specify) 21. Burnston 5 Other (Specify) 21. Burnston 5 Other (Specify) 22. METHOD OF DISPOSITION 13. Burnston 5 Other (Specify) 24. Burnston 5 Other (Specify) 25. Sequentially Ilst conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	S DECEDENT EVER ROCES? 1 YES TES, GIVE WAR OR O) O (1-4 or 5+) The Hen	16a. DETERMINED TO THE PROPERTY MODERN PLACE of cometary, Harball sed the deneath line	Ba MED CCEDENT'S Whe kind of w Lab artin B. MAILING 813 AND DATE C. crematory UGh C	USUAL OCCU work done during or entired.) G ADDRESS (S) Wedge: E OF DISPOSIC Or or other place Ceme. 22. NAI Gro 50	DOCATION TO DOT THE COMMENT OF THE	ODE 21229 T OF HISPAN uben, Mexice NO Specify OTHER'S NA Grad Road, 4/199 MRESS OF FA UNETA	ME (First, Middle, Micce E. St. Route Number, City of Baltimo. DATE 20 I DATE 20 I HOME, THOME, Williams	Public piden Surname) oner re, MD c. Location, ranklin ashingt	Jod. 1 De Zen of What U. S. A. 14. RACE — A Black, Wh Specify: DUSTRY HOSPit Code) 21229 City or Town, 5 in Counticon Two	INSIDE CITY LIMITS? VES 2 NO COUNTRY? American Indian, lite, etc. White Cal State Cy Cy PA 17268 Approximate interval Between
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15. OECEOENT'S EDUCATION (Specily only highest grade completes Elementary/Secondary (0-12) 8th 17. FATHER'S NAME (First, Middle, Last) Chai 19e. INFORMANT'S NAME (Type/Print) William M. Coffman 20e. METHOD OF DISPOSITION 1X Burlat 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 21. SIDNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complicit and the second condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	n State DUE TO (OR AS	20b. PLACE of cemetary. Harbat	Lab artin b. MAILING 813 AND DATE, crematory, uch C	orer A ADDRESS (S Wedge E of Disposi or other place Ceme 22. NAI Gre 50	18. M Notice and Num WOOD TOO (Name TOO	OTHER'S NA Grad Road, 4/199 PRESS OF FA Uneral Oad Si	ME (First, Middle, Micce E. St. Route Number, City o Baltimo. DATE 26 F. I W. CILITY I Home, treet Wa	Public place Surmeme) oner rown, State, Zip re, MD c. Location ranklin ashingt Inc. ynesbor	Hospit 21229 City or Town, and Count toon Twy	State Cy D. PA 17268 Approximate interval Between
(Specify only highest grade complete: Behavior (0-12) 8th Tr. FATHER'S NAME (First, Middle, Last) Chains (Type/Frint) William M. Coffman 20a. METHOD OF DISPOSITION IN Burtal 2 Cremation 3 Removal from 1 Donation 5 Other (Specify) The superful of Funeral Service Licenses abock, or heart feilure. List only limited disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	n State DUE TO (OR AS	20b. PLACE of cemetary. Harbat	Lab artin b. MAILING 813 AND DATE, crematory, uch C	orer A ADDRESS (S Wedge E of Disposi or other place Ceme 22. NAI Gre 50	18. M Notice and Num WOOD TOO (Name TOO	OTHER'S NA Grad Road, 4/199 PRESS OF FA Uneral Oad Si	ME (First, Middle, Micce E. St. Route Number, City o Baltimo. DATE 26 F. I W. CILITY I Home, treet Wa	Public place Surmeme) oner rown, State, Zip re, MD c. Location ranklin ashingt Inc. ynesbor	Hospit 21229 City or Town, and Count toon Twy	State ty 2PA 17268 Approximate interval Betw
8th 17. FATHER'S NAME (First, Middle, Last) Chail 19e. INFORMANT'S NAME (Type/Print) William M. Coffman 20a. METHOD OF DISPOSITION XJ. Burlal 2 Cremation 3 Removal from 4 Donation 5 Other (Spechy) 21. BURNATURE OF FUNERAL SERVICE LICENSEF 22. PART I. Enter the diseases, or complice shock, or heart fellure. List onf IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d	n State H	1982 1982 1982 1982 1982 1982 1982 1982	Lab artin b. MAILING 813 AND DATE c. crematory ugh C	orer A ADDRESS (SI Wedge: E of DISPOSI or other place Ceme. 22. NAI Gro	WOOD ITION (Name e) 7/14 ME AND ADD OVE FI	Grad, Road, 4/199 PRESS OF FA	ME (First, Middle, Middle, Middle, Middle, Middle, Middle, City of Baltimo DATE 20 F 1 William	oner r Nown, State, Zip re, MD c. Location — ranklin ashingt Inc. ynesbor	21229 City or Town, 1 Count	State ty 2., PA 17268 Approximate interval Between
Chairer's NAME (First, Middle, Last) Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chairer Chai	ations that cause on	20b. PLACE of cemetary. Harbai	artin 813 AND DATE c. crematory ugh C	Wedge E of Disposi y or other place Ceme. 22. NAI Gre 50	WOOD ITION (Name e) 7/14 ME AND ADD OVE FI	Grad, Road, 4/199 PRESS OF FA	ME (First, Middle, Middle, Middle, Middle, Middle, Middle, City of Baltimo DATE 20 F 1 William	oner r Nown, State, Zip re, MD c. Location — ranklin ashingt Inc. ynesbor	21229 City or Town, 1 Count	State ty 2PA 17268 Approximate interval Betw
William M. Coffman 20a. METHOD OF DISPOSITION 20 Burlai 2 Cremation 3 Removal from 10 Donation 5 Other (Specify) 11 Superior of Funeral Service Licenses 22 Part I. Enter the disease, or complication shock, or heart feliure. List only 1 IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ations that cause on	20b. PLACE of cemetary. Harbai	813 AND DATE Crematory LIGH C	Wedge: Wedge: For Dispositive or other place 22. NAI Gro 50	WOOD I	Road, 4/199 MRESS OF FA UNE TO A	Baltimo. Baltimo. DATE 20 F. LI W. COLUTY 1 Home, treet Wa	re, MD LOCATION— ranklin ashingt Inc. ynesbor	21229 City or Town, on Count toon Twr	17268 Approximate Interval Betw
William M. Coffman 20a. METHOD OF DISPOSITION 130 Burlal 2 Cremation 3 Removal from 4 Donation 5 Other (Specify) 23 PART I. Enter the diseases, or complice shock, or heart fellure. List only improved the disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ationa that cause on	20b. PLACE of cemetary. Harbau	813 AND DATE Crematory ugh C	Wedger E of DISPOSI y of other place Ceme. 22. NAI Gro	WOOD I	Road, 4/199 MRESS OF FA Uneral oad St	Baltimo DATE F F H CHUTY HOME, treet Wa	re, MD ranklin ashingt Inc. ynesbor	21229 City or Town, on Count toon Twr	17268 Approximate Interval Betw
23. PART I. Enter the disease, or complice shock, or heart feliure. List only important in the disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ationa that cause on	Jarbai	and date crematory ugh C	e of disposi or other place Ceme. 22. NAI Gro	TION (Name e) 7/14 ME AND ADD OVE FI S. Bro	4/199 PRESS OF FA Uneral	DATE F F 1 W W W W W W W W W W W W W W W W W W W	ranklin ashingt Inc. ynesbor	Chy or Town, of Count con Two	17268 Approximate Interval Betw
Dental 2 Cremation 3 Removel from the Donation 5 Other (Specify) In supervise of Funeral Service Licenses of Complete Specify 23. PART I. Enter the diseases, or complicing the Specific Speci	ationa that cause on	Jarbai	ugh C	Ceme . 22. NAI Gro 50	7/14 ME AND ADD OVE FU	4/199 PRESS OF FA Uneral Oad St	l W Clum 1 Home, treet Wa	ashingt Inc. ynesbor	on Twr	17268 Approximate Interval Betw
23 PART I. Enter the diseases, or complicing shock, or heart feilure. List only immediate cause. Enter Undertying cause.	ationa that cause on Out to (or As	sed the de	eath. Do r	22. NAI Gre 50	ove Fi	unera.	l Home, treet Wa	Inc. ynesbor	o, PA	17268 Approximate Interval Betw
21 PART I. Enter the diseases, or complicion shock, or heart fellure. List only immediate cause. Enter UNDERLYING CAUSE (Pisease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	each line		50	S. Bro	oad St	treet Wa	ynesbor		Approximate interval Betw
21 PART I. Enter the diseases, or complicion shock, or heart fellure. List only immediate cause. Enter UNDERLYING CAUSE (Pisease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	each line								Approximate interval Betw
that initiated events resulting in death) LAST	URIN		TR	HET ?	PWE	ENO	h			
PART II. Other algnificant conditions control	DUE TO (OR AS	S A CONSE	QUENCE O	P):						
//	thuting to death	but not r	Milled	In the unde	erlying caus	se given in	PE	AS AN AUTOPSY REFORMED?	- AMA	RE AUTOPSY FINDI MEABLE PRIOR TO MPLETION OF CAUS DEATH?
	enent.	ia	- 1		-	1 .			1 (YES 2 NO
0	1d An	teri	02/	NYOC		eltni	teretain			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 2XNO 1X In	PITAL:	hudmatlant A		OTHER:			heck only one)	a		
	Se. DATE OF INJUR	ay .	28b, TIN	WE OF 28	Bc. INJURY A		5 Other (Specif) 28d. OE\$CRIBE		CUREO	1.0
1 Natural 5 Pending	(Month, Day, Year	ir)	IN.	JURY	WORK?					
2 AUCTOON	Be. PLACE OF INJU building, etc. (S	JRY — At he Specify)	ome, farm,	street, factory	y, office		25f. LOCATION (S City or Town,	treet and Number State)	r or Rural Route	Number,
299. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To MEDICAL EXAMINER: On the										d manner as state
SIGNATURE AND TITLE OF CENTIFIER	Colo	ms		2	29c.	DJ/	MBER 5/2	29d. DAT	TE SIGNED (Mo	onth, Day, Year)
30. NAME AND ADMESS OF FERSON WHO COMP DEPAREY F.	LETED CAUSE OF	DEATH (ITE	27) (Type	3 4 5	-51	.'11		enue	Bult	md, 21.

=	2	\$	
THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely in	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	PORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the	
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FUNE	within	TANT	BE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION
THE	Fled	POR	u

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DEATH
	JAMES STANLEY	CONWAY				JUNE 27.		YEAR	7:55am M
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTI	HPLACE (State or Foreign
	577-66-3400	1 X M 2 - F	40 YRS.	MONTHS DAYS	HOURS MIN.	December		Count	ry)
	9a. FACILITY NAME (If not institution, give str		.0	95 CITY TOWN	OR LOCATION OF DE			UNTY OF D	nington, D.C.
Œ							100 000		
5	DOCTORS COMMUNIT	Y HUSPITAL		LANHAM	-SEABROOF	(PRI	NCE (GEORGE'S CO.
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
S I	Maryland Prince	e Georges		New Car	rollton				LIMITS?
7	10e. STREET AND NUMBER	2 0001800			1. ZIP CODE		100 00	TIZEN OF	WHAT COUNTRY?
RA	8607 Preston St	troot		"	20784				
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILO ADMED	40 1400 000					States
	1 Never Married 2 Married	FORCES? 1 X YES	2 NO	If yes, s	ecify Cuban, Maxica		or No-	14. RACI	E — American Indian, ik, White, atc.
ВУ	3 Widowed 4 Divorced	April 1968/	Nov. 1969) 1 TYES	Specify	e .		Spec	Black
	15. DECEDENT'S EDUC	ATION	18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/IN	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of v	work done during m se retired.)	out of working	1000 1000			
PLI	3 ¹	College (1-4 or 8+) Vears		ter Oper		METRO			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	2 years	Compar	cer oper		ME (First, Middle, Malden	Commonal		
	Joseph	Edward	Conwa	3	Emilv	ME (1 II'S), MIGGIE, MIEIGER	Surriente)		1
BE	19a. INFORMANT'S NAME (Type/Print)	Lawara				Route Number, City or Tow	- 100		anley
5		Trave Comment							1 1 0070/
	Montina Lorraine 1								
	1 Seurial 2 Cremation 3 Remo	oval from State	b. PLACE OF DISPOS other place)					- City or To	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Fort Line				ntwo	od, M	Maryland
	21. SIGNATURE OF PONERAL SERVICE LIC	TO		22. NAME A	ND ADDRESS OF FA	Latney's	s Fin	neral	Home
	Show ma	hery of		3831	Georgia A	Avenue, N.W			
	23. PART I. Enter the diseases, or c	omplications that cause	d the death. Do r						Approximata
	ahock, or heart fellure. I IMMEDIATE CAUSE (Final	lat only one cause on	sech line.	A		4			Interval Between Onset and Death
	disease or condition	CART	IAC	A	RREST				onout and beauti
	resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF		7				
-		CARDO	CENIC		SHOCK				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF	F):	~				
8	cause. Enter UNDERLYING	BIVENT	FRICUL	-AR 1	AILU	RE			
Ē	CAUSE (Disease or Injury that Initiated events		A CONSEQUENCE OF	F):					
H	resulting in death) LAST	MASSIV	E W	YOCAR	DIAL -	FAFARCT	1101	4	2.5
S									
AL	PART II. Other algnificant conditions	//		In the underlyin	g cause given in	Part I. 24s. WAS AN PERFOR		248	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DICAL	STATUS - POS		CTION	01		1 VES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
	ABDOMINA	+L HOR	-71C	ANE	urysm				1 - YES 2 NO
ä									
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (Ch	eck only one)			
<u>is</u>	1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	8 Other (Specify)			
ا چَ	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c, IN	JURY AT ALL	28d. DESCRIBE HOW	NJURY O	CCURED	
BY F	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)		A " 10		N	1A		
8	3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, farm, s		00	28f. LOCATION (Street		er or Rural	Route Number,
COMPLETED	4 Homicide detarmined	building, etc. (Spe	NA			City or Town, State)	NI	A.	
	29a, CERTIFIER CERTIFYING PHYSIC	MAN: To the heat of my tree	udadaa daabaaaaa	A 44 A 44 A 44		nosta ul			
M M		CIAN: To the best of my known. R: On the basis of exercises.							
8			and mongation	nt, army opinion,	death occured at the	tille, data and place, ar	o due to	me caned	ii) and manner as sured.
BE	396. SIGNATURE (NO TITLE OF CERTIFIER	- ///	SPA	Special Control &	29c. LICENSE NUN		29d. DA	TE SIGNED	(Month, Day, Year)
2		///	-		NO - 231	45	16	126	1141
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D	EATH (ITEM 27) (Type	Print)	- ~	0 0 10	14-1	7	102
	NGOZIKA. J.	NWANER	1 AM, I	OOD D	enning	rd NE W	マクタケ	lus a	70.02002
	3 (TE SILED (MATTIN Day, Year)	32. BEGISTRAR'S SIG						-	
	94	Davidson Pa	note the						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deam. Pro-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furning at filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
8	FB	4	5

FOR 1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND	MENTAL HYGIEN	_	1 19504
1. DECEDENT'S NAME (First, Middle,	Last)			2. DATE OF DEATH		3. TIME OF DEATN
LESTER		CARLOS		6 26	199	î 1845 M
4. SOCIAL SECURITY NUMBER 041-28-7425	5. SEX 8. AG	E (in yrs. lest birthday) IF UND MONTH	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) (1-2()-19	37 NC	BIRTHPLACE (State or Foreign Country) RWALK, CONN.
98. FACILITY NAME (If not institution, PRINCE GET) RGES	GENERAL HOSPI		TY, TOWN OR LOCATION OF D CHEVEFLY	EATN	9c. COUNTY PRIN	OF DEATH CE GEORGES
	OUNTY	10c. CITY, TOWN		2		10d. INSIDE CITY LIMITS? N\X\YES 2 □ NO
WASH, D.C.		WASHI	NGTON, D. (· ·	10g. CITIZEN	OF WHAT COUNTRY?
1622-A, H ST	REET, S.E.		20003		U.	S.
10e. STREET AND NUMBER 1622-A, H ST 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR 2 - 58 2 - 6	S 2 NO	3. WAS DECENDENT OF NISPA If yes, specify Cuben, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	a or No 14.	RACE — American Indian, Black, White, atc. Specify: BLACK
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) HIGH SCHOOL 17. FATNER'S NAME (First, Middle, La	S EDUCATION	16a, DECEDENT'S USUAL	OCCUPATION ne during most of working f.)	16b. KIND OF BU	SINESS/INDUS	TRY
HIGH SCHOOL	Conage (14 or 54)	CAB DRIV	ER	SILVE	CAB	CO.
17. FATNER'S NAME (First, Middle, Li				AME (First, Middle, Malder		
STANLEY				M. CARLO		
19a. INFORMANT'S NAME (Type/Print MARIE L. CA		196. MAILING ADDRI 1622-A	H STREET,			
20s, METHOD OF DISPOSITION Surial 2	Ramoval from State	ot cemetary, crematory or othe	sposition (Name er place) U.S.NAT.CE	DATE 20c. LC		or Town, State
21. SIGNATURE OF FUNERAL SERV	L C L	2	2. NAME AND ADDRESS OF F	MONTG(MERY	BROTHERS F.
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions,	6 a	S A CONSEQUENCE OF:)	<u> </u>		Onset and Deati
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	۵	S A CONSEQUENCE OF):				
PART II. Other aignificant cor	iditions contributing to death	n but not reaulting in tha	underlying cause given is		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDI EXAMINER?			28. PLACE OF DEATH (C	Check only one)		
1 X YES 2 □ NO	HOSPITAL:	Futpatient 3 DOA 4 I	IER: Nursing Nome 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATN 1 Netural 5 Pendin		28b. TIME OF INJURY 1:47 M	28c. INJURY AT WORK? 1 💢 YES 2 🗌 NO	SUBJEXT		
a Deviate	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, street,	lactory, office	281. LOCATION (Street City or Jown, State 2433 KE	and Number or	
torison only	PHYSICIAN: To the best of my kr	owledge, death occurred at th		ue to the cause(a) and mo	nner as stated	
296. SIGNATURE AND TITLE OF CE		AM	29c. LICENSE NI	UMBER	29d. DATE S	SIGNED (Month, Day, Year) 5-27-1991
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAUSE OF		PENN STREET I	BALTIMORE,	/ARYLAN	ID 21201
31. DATE FILED (Morgin Day, Year)	0000					

Si once.

BALTIMORE MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 mm. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-	FOR STATE REGISTRAR	STATE OF	MARYLAND / I
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE ERTIFICATE OF DEATH REG. NO.

	1. DECEOENT'S NAME (First,	, Middle, Last)									OF DEATH			3. TIME O	OF DEATH
	JAMES				C/	ATER				06	н ол 18		YEAR 91	3:00	D M
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las	-	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH		0. BIRTH	PLACE (Str	nte or Foreign
	205-28-00	069	1 X M 2 - F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	3-2	19-37		Sout	h C	arolin
	9e. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY,	TOWN	OR LOCAT	ION OF DI			9c. COU	INTY OF D		
۳	ST.JOSEPH	HOCDILL	IAT.			BALT	TMOI	בזר				DNT.	TNOD		
DIRECTOR	RESIDENCE OF DEC	CEDENT	AL			IDALL	TIVO	XC.				IBALi	LIMOR	F	
	10a. STATE	10b. COUNTY				Y, TOWN O							1	10d. INSIG	DE CITY
	DC				Was	hing	rtoi	ı						1 XYES	2 NO
₹ I	10e. STREET AND NUMBER						- 1	f. ZIP CO				4.7	TIZEN OF W		
FUNERAL	3511 13th	Stree	et NW 2	0010			1	2001	0			Uni	ted	Sta	tes
	11. MARITAL STATUS 1 Never Merried 2	Manufact	12. WAS DECEDEN	TEVER IN U.S. AF	RMED NO	13. 1	MAS DEC	ENDENT	OF HISPAI	NIC ORIGI	N? (Specify Yee Ricen, etc.)	or No-	14. RACE Black	- Americ , White, at	en Indian,
B	3 Widowed 4 Dive			MAR OR DATES		1	☐ YES	M□ NO	Specif	y:			Speci	W: B1	ack
		EDENT'S EDU	CATION	140 06	CEDENTY	USUAL OC	CHEAT	ON		140	, KIND OF BU	DIMEGO UM	DUCTON	DI	uck
-	(Specify onl	ly highest grade	completed)	(G		work done of			ing	100	, KIND OF BU	SINESS/IN	DUSTRY		
וק	Elementary/Secondary (0	0-12)	College (1-4 or 5	+)		ld E	2111	der			Safway	, C+	001	Dro	duce
COMPLETED	17. FATHER'S NAME (First, M	Aiddle Lest1		1500	ILLO	14 1	ur.	_		_	Middle, Maiden		.001	rio	auce
	Alex Cate								ia B			Surname)			
B	190. INFORMANT'S NAME (10	h MAII IN	ADDRESS	(Street	_	_	_	ber, City or Tow	m State 7	in Codel		
임	Maggie C	e unace									ngtor			22	
	200. METHOD OF DISPOSIT			20b. PLACE					, ,	OAT			- City or To		
	1 Suriel 2 Crematic	on 3 🗆 Rem	oval from State	of cemetary Ceme	. cremator	y or other p	lace)	larn	ony	1	22/91				D
	21. SIGNATURE OF PUNERA		ENBER)	Cenie	o y		NAME A	NO ADDR	ESS OF FA		.2171	пап	uove	SI PI	υ.
	O. Al	-	111 11		1/	Ba	rr	ie F	'une	ral	Empor		l		
	23. PART I. Enter the d	NUMA	1/0/1/	MININ.	_	14	25	Mar	yla	nd A	lve.,1	1E			
CERTIFICATION	Sequentielly liet condit if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or Injut the Initiated events resulting in death) LAS	ring ury	bDUE TO	O (OR AS A CONSE	OUENCE (OF):					Pise		(fy		
5			d											1	
MEDICAL	PART II. Other eignifica	ent condition	ne contributing to	deeth but not	resulting	in the ur	nderlyir	ng cause	given in	Part I.	24a. WAS AN PERFOI		246	COMPLET OF DEATH	TOPSY FINDINGS E PRIOR TO RION DF CAUSE 1? 3 2 NO
₹	25. WAS CASE REFERRED T	TO MEDICAL					26. F	LACE OF	OEATH (C	heck only o	ne)				
	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER		me 5 🗆 1	Residence	8 🗆 Oth	er (Specify)		-		N 0 T
Y PHYSICIAN:		Pending Investigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. TH		28c. IN W	JURY AT ORK? YES 2			SCRIBE HOW	INJURY O	CCURED		
LED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At h	ome, farm,	street, fact	lory, offi	ce		28f. LO City	CATION (Street or Town, State)	and Numb	er or Rural	Route Numb	ber,
COMPLETED	Tomoon only		ICIAN: To the best of											a) and man	mer as stated.
BE	29E SIGNATURE AND TITLE	OF CERTIFIE	7#		94			111	C.M.				TE SIGNED		lay, Year)
٩	FAME AND STORESS OF	PERSON WE	O COMPLETEO CAL	USE OF DEATH (ITI			REF				1ARYLAN				77
	JUN 27 '91	; Year)	32. REGISTR	AR'S SIGNATURE	201210	., 01	. اسلاما	- 1 - W - 1	1111	// I		10 21	202		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director region 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner flust for burial and once.

1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIR REG. N		1 13000
1. DECEDENT'S NAME (First, Paro)	Winthrop	Collins	ins	2. DATE OF DEATH	94 4	edr GME GENTH M
4. SOCIAL SECURITY NUMBER 027-18-0749	1 M 2 F	68 YRS. MONT	The second second	7. DATE OF BIRTH (Month, Day, Year) 02 05	23 M	BIRTHPLACE (State or Foreign Country)
RESIDENCE OF DECEDENT	Dry and HI	Spital C	CATY, TOWN OR LOCATION OF I	DEATH	(se) count	CE BEDTER
Maryland An	ne Arundel		vn or Location thian			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 1371 Marlbo			101. ZIP CODE 20711			U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYPES IF YES, GIVE WAR OR D WWII	N U.S. ARMED 2 NO PATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 NO Speci	can, Puerto Rican, atc.)		4. RACE — American Indian, Black, White, etc. Specify: Caucasian
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	18e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working	16b. KIND OF	BUSINESS/INDU	STRY
11th	N/A	Clerk		the same of the same	uor Sto	ore
17. FATHER'S NAME (First, Middle, Last) John J. McC	leary				E. Fole	-
19a. INFORMANT'S NAME (Type/Print) Linda Cumbow		6140 F:	RESS (Street and Number or Rura isher Station	Road Lot	Town, State, Zip o hian Md	20711
23. PART / Enter the disesses, shock, or heert felle iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	e. OROP	eech line.	EAL CA			at, Approximats interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF):				
PART II. Other significent cond	REN AL			PER	AN AUTOPSY FORMEO? S 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	TOT	26. PLACE OF OEATH (Check only one)		1
1 TYES 2 NO	1 → Inpetient 2 □ ER/Out	Ipstient 3 DOA 4 D	Nursing Home 8 Residence	e 8 ☐ Other (Specify) 28d. DEŞCRIBE HO	W INJURY OCCL	IRED
1 Natural 8 Pending	(Month, Day, Year)	INJURY	M 1 YES 2 NO	200. 0240.1102.110		
3 Suicide 8 Could no 4 Homicide determine	building, atc. (Sp.	Y — At home, farm, street, scify)	, factory, office	281. LOCATION (Str City or Town, S		or Rural Route Number,
(Olivor Oliv)	HYSICIAN: To the best of my know					
29h NUMATURE AND TITLE OF CERT		7	29c LICENSE N		29d. DATE	SIGNED (Month, Day, Year)
NELSON	WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Print	OIC LONGIN	Ann es	2 6 6 1	6-20-91 WTON, MD 2073
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		1013 4097	Pros Pr	,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

2	Sec.	P	
BALTIN	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely finled in by the funeral di	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	A HO	IRE	SINC
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	PIT	ERA	in 7
	50	S	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ertificate has been signed by the attend	the State Dept. of Health and Mental Hy	or item 23 shows any injury, or
is certificate has been signed by the attend	vith the State Dept. of Health and Mental Hy	ed, or item 23 shows any injury, or
er this certificate has been signed by the attend	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		OINIE OI II	CE			FDEATH	REG. NO).		
1. DECEDENT'S NAME (First EDNA C. C							2. DATE OF DEATH		1991	3. TIME OF DEATH 1:37 P M
4. SOCIAL SECURITY NUME 217-28-833	8	6. SEX	8. AGE (In yrs. last	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH AUS. Your	08	New New	PLACE (State or Foreign York
90. FACILITY NAME (If not in Bowie Medi	cal Ce				Bowie	OR LOCATION OF D			e Ge	orge's
RESIDENCE OF DEC	10b. COUNTY			10e CIT	Y, TOWN OR LOC	CATION				10d. INSIDE CITY
Maryland		e George	's	Bow					14	LIMITS?
100. STREET AND NUMBER	ster L	ane				101. ZIP CODE 20715	100			HAT COUNTRY? States
11. MARITAL STATUS 1 Nover Married 2 3XXWidowed 4 Divo					If yes,		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	a or No—	Black	– American Indian, , White, etc. y: asian
15. DEC (Specify onl Elementary/Secondary (f	EDENT'S EDUC ly highest grade 0-12)	CATION completed) College (1-4 or 5	(Gi	ve kind of Do NOT u	USUAL OCCUPA work done during se retired.)		Nursin			
17. FATNER'S NAME (First, No. Frank Pink	tiddle, Last)					Carrie	Me (First, Middle, Majde) Moskoski	Surname)		
19a. INFORMANT'S NAME (r			ADDRESS (Street		Route Number, City or To	wn, State, Zi	(p Code)	
20e. METNOD OF DISPOSIT 1 X Duriel 2 Cremetic 4 Donetion 5 Other	on 3 🗆 Remo	oval from State	20b. PLACE other pie	of dispo	sition (Name of ck Ceme	cemetery, cremetory or tery			re, MD	200 1112
21. SIGNATURE OF FUNERAL ROLL	L SERVICE LIC	Evan	a. 1	Pres	Beal:		uneral Hom is Rd. Bow	-		715
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injusted initiation initiated events	tions, distance in the second	DUE TO OUE TO OUE TO OUE TO	OR AS A CONSECUTION AS	DUENCE O	endia	e Inf	on effo	ч.		Approximate Interval Between Onset and Death
PART II. Other eignifica	ant condition	e contributing to		esuiting	in the underly		Part I. 24a. WAS A		24b.	WERE AUTOPSY FINDINGS
Periph Below	resal	Vasa	ight	Le	disco g an	sputat	1 - YES	RMED?		AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:	7	-	OTHER:	PLACE OF DEATH (C	heck only one)			
1 YES 2 THO 27. MANNER OF DEATN 1 Natural 5 2 Accident	Pending Investigation	1 Inputient 2 2		26b, TIR	4 Nursing N	ome 6 Residence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCURED	
a D suitates —	Could not be determined	28e. PLACE C building,	OF INJURY — AI ho atc. (Specify)	me, farm,	street, factory, or	ffice	281. LOCATION (Street City or Yown, State	and Number	er or Rural F	loute Number,
onel							e to the cause(a) and m) and manner as stated.
296. SIGNATURE AND ITLE	Ku	sh a	noa.	M	D	29c. LICENSE NU D20 /	MBER OS	29d. DA	TE SIGNED	(Month, Day, Year) 4/9/
RAKESH AR						VIE, MARY	LAND 20715			
31 PRIE FILED (Mepth. Pay.	Year)	32. BEGISTR	AR'S SIGNATURE							

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TO BE COMP		TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	SICIA	TED BY PHY	COMPLE	O BE		1
examiner must be notified at once.	vent, the medica	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	r Item 23	1 28 is marked, o	NYT: If item	IMPORT		
the funeral director, page 5 should be detached ral.	npietely filled in by cremation, or remo	In THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dificate has e State Dep	ECTOR: After this cer s after death with the	UNERAL DIRE	THE PI The filed w)	
er death. Page 6 may be retained by the hospi	within meurs af	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Ariours after death. Page 6 may be retained by the hospi	AN: The lan	ATTENDING PHYSICI	OSPITAL OR	H JHL L	5	
BALTIMORE, MARYLAND	6,	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	VITAL	ISION OF	NO.		(1.7

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY

	1. DECEDENT'S NAME (First, Middle, Las	"							2. DATE OF C	DEATH			3. TIME OF DEATH
	Sim		СНО						MONTH	DA		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	9 24 HRS.	7. DATE OF B	HRTH	/	991	4:36P M IPLACE (State or Foreign
	0// 10 50/0	1 🗆 M 2 💢 F		YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day	y, Year)	1 9	Count	(1/2)
	244-13-5969 9a. FACILITY NAME (If not institution, give	1441	49		AL 007	701101	R LOCATI	011 05 0	Nov.8	, 19		Kor	
or !		- 5 - 5 7 11 111 11 11 11			90. CH1	, IOWN C	R LOCAL	ON OF DI	EATH			INTY OF C	
2	Doctor's Communi	ty Hospita	11		La	nham					Pri	nce	George's
DIRECTOR	10e. STATE 10b. COUN	TY		10c, CIT	Y, TOWN (OR LOCAT	ION				_		tod. INSIDE CITY
E	Maryland Princ	ce George		Lanl									LIMITS?
	10e. STREET AND NUMBER	e George	5	Lalli	Idill	101	ZIP COD	E			10a. CIT	IZEN OF I	WHAT COUNTRY?
FUNERAL	0200 0	D					0070	_					
N N	9308 Copernicus	12. WAS DECEDEN	T EVER IN U.S. AB	MED	12		2070		NIC ORIGIN? (S	nanifu Yan		.S.A	
	1 Never Married 2 Married	FORCES? 1	YES 2-1	10		If yes, sp	ecify Cubi	en, Mexica	en, Puerto Rican		01 110—		E — American Indian, k, White, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE V	AN ON DATES			I 🗌 YES	2XXNO	Specif	у:			Cau	casian
ED	15. DECEDENT'S ED			CEDENT'S					16b. KIN	O OF BUS	INESS/IN		
E	(Specify only highest gra	College (1-4 or 8	- Affin	ve kind of v Do NOT us	work done se retired.)	during mo	st of worki	ng					
교	12			ager					Seyr	mour	Wil	en,	Inc.
COMPLET	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle	e, Maiden S	Surname)		
	UNKNOWN							TINIZ	NOWN				
BE (19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRES	S (Street a	nd Numbe		Route Number, C	alty or Town	, State, Zi	p Code)	
2	Young_Jae Cho		9:	308 (Cope	rnic	us D	rive	, Lanha	am, 1	Mary	1and	20706
	20a. METHOD OF DISPOSITION	1 -5 -6 - 1	20b. PLACE	OF DISPOS	SITION (No	ame of cei	netery, crea	matory or		20c. LO	CATION -	- City or To	own, Slate
	1 ☑ Buriel 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	moval from State	Gate other pla	of He	eaver	n Ce	m.	6-21	-91	Sil	ver	Spri	ng, MD
	21. SIGNATURE OF EMPLAY SERVICE	LICENSEE	//		22,	NAME A	ID ADORE	SS OF FA	CILITY Lanham	Fun	2201	Uom	
	V4)1460	ux X	mel.										land 20706
	23. PART I. Enter the diseases, o	r complications the	t sourced the de	eth Do				-				_	
	shock, or heart fallur	. List only one cou	ise on each line		iot antai	tria inc	de oi dy	ing, auc	III aa Cardiac	or respir	etory at	rest,	Approximate interval Between
	IMMEDIATE CAUSE (Fine)	Re	5 Dirate	m	/ /	2 - 2	w						Onset and Death
	resulting in death)	0.	DUE TO (OH AS A CONSEQUENCE OF): Pulmonary embolism									4 pm/	
		Die	1	Lavi	r): :-1	0	Rel	250	1				10-204
CERTIFICATION	Sequentially list conditions,	b. DUE TO	OR AS A CONSEC		n:	ev	000	121					10-00
¥	If any, leading to immediate cause. Enter UNDERLYING	7/2	2 makes	170/	le.	ling	4.5	an	15€	03	Ca	me	2 olayo
띮	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	DOENCE OF	F):	col	7)	V	1	10 1		m -	7
H	reaulting in death) LAST	1 7	24/21	mas	6								2 month
		-			-								
EDICAL	PART ii. Other significent conditi	ons contributing to	desth but not r	eauiting	in the u	nderlyin	g cause	given in	Part I. 24s	PERFOR		246	AVAILABLE PRIOR TO
8									10	YES 2	NO		COMPLETION OF CAUSE OF DEATH?
ME									_				1 TES 2 TO NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF E	DEATH (C)	heck only one)				
YSI	1 YES 2 NO	1 inpatient 2	ER/Outpatient 3	□ DOA	4 Nu	rsing Hon	6 5 🗆 R	ealdonce	6 Other (Sp	ectfy)	0	Cu	•
PHYSICIAN:	27. MANNER OF DEATH 1 P Netural 5 Pending	26a. DATE OF (Month, L	INJURY Day, Year)	26b. TIM	IE OF JURY		URY AT		28d. DEŞÇAH	BE HOW IP	NJURY O	CURED	W - 100
BY	2 Accident Investigation				М		YES 2 [NO					
	3 Suicide 6 Could not b	28e. PLACE (building,	of INJURY — At ho etc. (Specify)	me, farm,	street, fac	tory, offic	•		281. LOCATIO City or To	N (Street a	nd Numbe	or Aural	Ploute Number,
E	4 Homicide determined												
1		SICIAN: To the best of	my knowledge, de	ath occurr	ed at the	time, date	and place	, and due	a to the cause(a) and men	ner as st	nted.	
COMPLETED	one) 2 MEDICAL EXAMI	NER: On the beals of a	xamination and/or i	investigatio	on, in my	opinion, d	leath occu	red at the	time, data and	place, and	d due to	the cause(s) and menner as stated.
EC	296. SIGNATURE AND TITLE OF CERTIF	IER/			_		29c. LIC	ENSE NU	MBER		29d. DA	TE SIGNE	(Month, Day, Year)
0	the RY	haf	mo.				D	192	50		D &	5/17	2/9,
2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAU	SE OF DEATH (ITE	М 27) (Туре	, Print)		-		,			1.0	///
		UNG, M	7. 90	670	Am	na	00/20	SP	d. (anh	ar	~,	MD 20706
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	AR'S SIGNATURE	70		0					W. W.		700
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HE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by t	HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be ad within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
E	H P

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	1. DECEDENT'S NAME (First	t, Middle, Last)			00-		DEATH	MONT			EAR	O D
	BERNADINE 4. SOCIAL SECURITY NUMBER	200	V .	8. AGE (In yrs. Is		IELD		06	17		91 5:1	
	577-86-78		1 M 2 F	33	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	of BIRTH th, Day, Year) 25-58		Country)	
	9a. FACILITY NAME (If not in))		9b, CITY, TOWH	OR LOCATION OF D	1	27-70		Y OF DEATH	gton Do
OH	GOODHOPE AV	JE&NAY				OXON					E GEOR	GES
DIRECTOR	RESIDENCE OF DE	10b. COUNT	TY		10c. CIT	ry, TOWN OR LOCA	ATION				10d. IN	SIDE CITY
DIR	D. C.		N/A		Wa	shingt	on					MITS? ES 2 NO
AL	10e. STREET AND NUMBER						Of. ZIP CODE			10g. CITIZE	N OF WHAT CO	UNTRY?
VER	53 L	Stre	eet, N.				20001				SA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divi		FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES	RMED MO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexico S 2 X NO Specific	an, Puerto		or No—	Black, White, Specify: Black	
6	15. DEC	CEDENT'S ED	UCATION to completed	16a, C	DECEDENT'S	USUAL OCCUPAT work done during m	TION	161	b. KIND OF BUS	SINESS/INDUS		O A
LET	Elementary/Secondary (College (1-4 or 5	+)	la. Do NOT u	ise retired.)						
COMPL	10th	Aiddle (net)			Hous	<u>ewife</u>	16. MOTHER'S NA	AME (Flor			loyed	
	Freddie		kson				Frie	-11-	Hawki			
BE (19a. INFORMANT'S NAME (1	ISP-MAILING	G ADDRESS (Street	and Number or Rural				ode)	
2	Frieda H	larpe:	r		Was	L St hington	reet. n. D.	C. W	20001			
	20a. METHOD OF DISPOSIT		moval from State			E OF DISPOSITIO	N (Name	DAT	TE 20c. LOC	CATION — CH	ly or Town, Stat	ia i
	4 Donation 5 Other	r (Specify)		- Mt.	01i	vet Cer	netery AND ADDRESS OF FA		2 Wa	shing	ton,	DC
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	IMMEDIATE CAUSE (Fi	neert feilure	. List only ona ca	use on each ile	ne.	Home	e, Inc	421 Was	.7 9 shingt	th S	St., N	1. W.
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BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Ì	1. DECEDENT'S NAME (First	Middle, Last)	E	telle	Car	v De	nfe	eV	2. DATE OF MONTH	DEATH Z	-91	YEAR	3. TIME OF DEATH	
	4. BOCIAL SECURITY NUMBER	ER	5. SEX		s. last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF	BIRTH		S. BIRTHI	PLACE (State or Fore	ion
	577-20-99	90	1 M 2 F		1 YRS.	MONTHS	DAYS	HOURS MIN.	(Month, I	Day, Year)	000	Country	land	
	9e. FACILITY NAME (If not in		treet and number)			9b. CITY	r, TOWN	OR LOCATION OF D		20,1		NTY OF DE		$\neg \neg$
DIRECTOR	1126 Jans	en Ave	•			Ca	pito	ol Height	s		Pri	nce (Georges	
<u>ا</u> ي	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?	
	Maryland	Princ	e Georges	S	Ca	pito	1 He	eights					1 YES 2 X N	0
M	10e. STREET AND NUMBER						10	r. ZIP CODE					HAT COUNTRY?	
FUNERAL	1126 Jans	en Ave						20743				5.A.		
	11. MARITAL STATUS 1 Never Merried 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	CENDENT OF HISPA pecify Cuben, Mexico 8 2 T NO Specific	an, Puerto Ric		or No-		American Indien White, etc. V:	,
BY	3 X Widowed 4 Dive	rced						A.					white	
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	Elementary/Secondary ()-12)	College (1-4 or 6	+)	life. Do NOT u	se retired.)			,,,					
MP	8				clerk					S. Go		nent		\dashv
	17. FATHER'S NAME (Flist, M Henry Mi							16. MOTHER'S NA E11e	en For		Sumame)			
) BE	19e. INFORMANT'S NAME (ype/Print)			19b. MAILING	ADDRES	S (Street	and Number or Rural	Route Number	City or Town	n, State, Zip	Code)		
2	Ellen Sto	nebrak	er		9009	Gold	enro	d Lane U	Jpper 1	Marlb	oro.	MD.	20772	
	20a, METHOD OF DISPOSIT 1 🔀 Burlet 2 □ Cremette	ION	ovat from State					emetery, crematory or			CATION —			
	4 🖒 Donetion 5 🗆 Other	(Specify)			ar Hil					Sui	tlano	l, MI).	
4	et. SIGNATURE OF FUNERA	L SERVICE LIK	CENTRE CO.					ND ADDRESS OF FA			4308	Suit	land Rd.	
	Dry	40-1	4 Du	bar	L	R	ober	t E. Wil	helm,	Inc.	Suit1	land,	MD. 207	746
IMMEDIATE CAUSE (Final disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):									icVas	evle	ivd	ises	Onset and	DSSIII
MEDICAL	PART II. Other algnifica	ant condition	s contributing to	death but	not reaulting	in the u	nderlylr	ng cause given in		PERFOR	MED?	24b.	WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	O WSE
AN	25. WAS CASE REFERRED 1	O MEDICAL					26. F	PLACE OF DEATH (C	heck only one)					
SIC	EXAMINED?		HOSPITAL:	ER/Outpetle	nt 3 🗆 DOA	OTHE 4 Nu		me 6 1 Residence	a 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	Pending	26e. DATE Of (Month, L	INJURY	26b. TII		28c. IN	JURY AT		RIBE HOW I	NJURY OC	CURED		
D BY	2 Accident	Investigation Could not be determined	28e. PLACE (OF INJURY — etc. (Specify)	At home, ferm,	street, fac		YES 2 NO	26f. LOCAT	TION (Street of Town, State)	and Number	r or Rural F	loute Number,	
COMPLETED	29e. CERTIFIER (Check only	ge, death occur	red at the	time, dat	le end plece, end du	e to the caus	e(e) end me	nner ee sta	ted.					
8	one) 2 AMEL	ICAL EXAMINE	ER: On the besie of e	examination or	nd/or investigati	on, In my	opinion,	death occured at th	e time, date e	nd place, er	d due to th	he ceuse(e) end menner ee sta	ited.
BEC	296. SIGNATURE AND TITL	OF CERTIFIE	Alde.	our	nus			29c. LICENSE NU					(Month, Day, Year)	
0	30. NAME AND ADDRESS O	E PERSON W	O COMPLETED CO	W Color	(ITEM 200 CT-	a Delne	-	D2123	3 U		-60	4	3-91	
	August		Rodrige				9 F	Rayburn	Ct.,	Cam	p Sp	rin	gs, MD	
	31. DATE FILED (Month, Day				- Aandal									
	JUN 26	'91	Julia	Daviden	V-Navian								DHMH-1S	

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3. TIME OF DEATH

DIRECTOR

FUNERAL

BY

COMPLETED

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de	THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fu	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	manuscript of the second of
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ATTENDING PHYSICIAN: The law requires that the death certificate be

2. DATE OF DEATH JULIA CHEEKS JUNE 20 91 10:55AM 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 02 251 48 9769 55 YRS. 11 35 South Carolin 9a. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH PRINCE GEORGE'S PRINCE GEORGE'S O HOSPITAL CENTER CHEVERLY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION Seat Pleasant 10a. STATE Maryland Prince Georges 1 X YES 2 NO 100. STREET AND NUMBER 20743 10g. CITIZEN OF WHAT COUNTRY? 1306 Nye Street USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO ecify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES ZO NO Specify: Specify: Black 3 Widowed 4 Divorced 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) College (1-4 or 5+) Elementary/Secondary (0-12) Domestic Private 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maldon Surnamq)
Annie Strickland Talley Robert 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stage, Zip Code) 1306 Nye Street/Seat Pleasant, Md 20743 2 Cheeks J. W. METHOD OF DISPOSITION 20c. LOCATION - City or Town, State METHOD OF DISPOSITION

Cremetion 3 - Removal from State

Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE of cemetary, crematory or other place)
Lincoln Cemetery 5/25/9 Suitland, Md HATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home 7474 Landover Rd/Landover, Md 20785 mme 23. PART Enter the discases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximata Interval Between Onset and Death IMMEDIATE CAUSE (Pinal Shock-Multisystem failure disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): carcinoma - metartic ervical CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 TES 2 NO Sacral decubitu 1 YES 2 NO Malnutrition arcinoma PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 26b. TIME OF 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide ETED. 6 Could not be 4 Homicide 1 SCERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and manner as stated. In my opinion, death occured at the time, date and piece, and due to the cause(s) and menner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER BE MD 20191 2 PEATH (ITEM 27) (Type, Print) K 620, 8201 Corporate Suite 620 utcovi c Drive, Landover, MD 20785 32. REGISTRAR'S SIGNATURE '9

Davidson-Randelle

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HANDVER PKWY - GREEN Bet1

> Approximate interval Between Onset and Death 6-8 Hong

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24b. WERE AUTOPSY FINDINGS

AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

Virginia

		1. DECEDENT'S NAME (First, Middle, Las	st)						2. DATE OF MONTH	DEATH	AW	WEAR	3. TIME OF DEATH
		Ernestine		COSTO	N				06	13		YEAR	4:25P
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	rs. lest birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE (State or Foreign
1		227-26-2823	1 🗆 M 2 💢 F	68	YRS.	MONTHS D	H SYM	IOURS MIN.	10/1/	22		Counti	"Virgin
		Se. FACILITY NAME (If not institution, give	e street and number)			9b. CITY, TO	OWH OR	LOCATION OF D			9c. COUN	TY OF D	
(金融)	OR	Doctors Hosp. o	f P.G. Co	unty		Lanha	m				Princ	ce G	George's
	DIRECTOR	RESIDENCE OF DECEDENT	VTV		100 017	Y, TOWN OR I	OCATIO	NI.					10.1 HIRIDE OUTV
Page	E E	108. STATE 108. COO	NIT										10d. INSIDE CITY LIMITS?
permit.		10e. STREET AND NUMBER			was	shingt	V	IP CODE			10a CITIZ	EN OE Y	1 X YES 2 NO
B	FUNERAL		- + C E A	- 4 HD			11000						States
ian. trans	N	4503 Third Stre	12. WAS DECEDE			12 144		0032 IDENT OF HISPA	NIC OBIGINS (6	anathi Mai			- American Indian,
21203-3146 Lal or attending physician. for use as the burial-transit	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	1 YES 2	NO	If yo	es, speci	fy Cuben, Mexico	en, Puerto Rica	n, atc.)	or No.	Blac	Black
13-3 s as t		15. DECEDENT'S E		16.	a. DECEDENT'S				16b, KI	ND OF BU	SINESS/INDL		
2 6 2	ETED	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5	5+1	(Give kind of life, Do NOT u	work done duri se retired.)	ing most	of working					
	7	10	oonege (1-4 or		Housewi	ife			Ow	n Ho	me		
AND 2. The hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)					1	IA. MOTHER'S NA	AME (First, Midd	lle, Malden	Sumame)		
3 6 6 L	Ш	Robert Ridley						Janie R	iddick				
MARYLAND retained by the hosp 5 should be detached notified at once.	0	19a. INFORMANT'S NAME (Type/Print)			196. MAILING	ADDRESS (S	Street and	Number or Rural	Route Number,	City or Tow	vn, State, Zip	Code)	
M/ be ret	2	Robert Shields			2517	[verso	n St	t. Temp	le Hil	ls,	Maryla	and	20748
ME, The may be or, page set be		20s. METHOD OF DISPOSITION 1 V Burisl 2 Cremetion 3 R	amount from State	20b. PL	ACE OF DISPO	SITION (Name	of comet	ery, crematory or		20c. LC	CATION C	ity or To	
ORE e 6 ma rector, p		4 Donation 5 Other (Specify)	emoval from Stata	_ LI	ncoin i	lemori	al (Cemeter	У	Sui	tland	, Ma	ryland
BALTIMORE, or death. Page 6 may in funeral director, page is examiner must by		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE					ADDRESS OF F		o 1 II	000	T	
BALT ter death the fune oval.		1. acoro	-29-2	M	00853						-		
b certificate be executed within cours after noding physician and completely filled in by the Hyglene prior to burial, cremation, or removal or other traumatte event, the medical	ERTIFICATION	shock, or heart iailu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	COTAS A CO	M41C	Vals	cola	Angar				land 20748 - City or Town, State d, Maryland Inc. Wood, MD 20722 Trest, Approximate interval Betwonset and D G-A 1-to 1 Vwdeter AMALABLE PRIOR TO	
	CER		d								-		
ITAL RECORDS, P.O. B I: The law requires that the death certifica cate has been signed by the attending ph State Dept. of Health and Mental Hygiene Item 23 shows any Injury, or other	: MEDICAL	PART II. Other eignificent conditions			-			cause given in		e. WAS AP PERFO YES		24	
NL F has b Dept.	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF DEATH (C	heck only one)			-	
TYTAL SICIAN: The It certificate has state De Ithe State De Item 2	Sic	EXAMINER?	HOSPITAL:	☐ ER/Outpatia	int 3 🗆 DOA	OTHER:		5 Residence		nech)			311.3. 41.
으하는	РНУ	27. MANNER OF DEATH	28e. DATE (OF INJURY	28b. TII	AE OF 20	6c. INJUR	TA YF			INJURY OCC	URED	
		1 Natural 5 Pending		Day, Year)	IN	JURY M	1 YE	K7 S 2 NO					
ISIO TTEND TTOR: / after d	TED BY	2 Accident investigation 3 Suicide e Could not 4 Homicide determined	be 28e. PLACE	OF INJURY — ig, atc. (Specify)	At home, ferm,	street, factory	y, office			ON (Street fown, State		or Rural	Route Number,
	PLE		IYSICIAN: To the best	of my knowled	ge, death occur	red at the time	e, date a	nd place, and du	a to the cause	a) and me	nner as state	∍d.	
THE HOSPITAL THE FUNERAL filed within 72 P	COMPL	one) 2 MEOICAL EXAM	INER: On the basis of	examination as	nd/or investigati	on, in my opir	nion, des	th occured at th	e time, deta an	d place, a	nd due to the	e cause(a) and menner as state
THE HOSPI TO THE FUNEF DE FILED WITHIN	ш	29b. SIGNATURE AND TITLE OF CERN	Fuery.	0				29c. LICENSE NU	JMBER				(Month, Day, Year)
5 5 5 M	OB	Light	E M.	V				D. 16	386		1	6-	13-1991
		20 NAME AND ADDRESS OF DEBOOM	WHO COMPLETED CO	HIGE OF BEATL	LUTEN OF CE	010							

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ele Davidson

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
RAR	CERTIFICATE OF DEATH	REG. NO.

1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last) Walter	Junus	Cox			2. DATE OF DEATH	DAY YES	
	4. SOCIAL SECURITY NUMBER 239-24-6116	1 1 M 2 □ F	69 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-29-	22	N. C.
E CE	9a. FACILITY NAME (If not institution, give so Wash. Adventi	moscoul and or		D.C.	R LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIREC	10a. STATE 10b. COUNTY	Maple Ave	. Tako		ark, MI).		10d. INSIDE CITY LIMITS? X YES 2 NO
EKAL	7620 Maple Av			10f.	20912		1	OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	It yes, spe		IIC ORIGIN? (Specify Y n, Puarto Rican, atc.) /:	fea or No- 14. i	RACE — American Indian, Black, Whita, etc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during moded.)	st of working	16b. KIND OF B	USINESS/INDUST	RY
5	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malde	en Sumame)	
H H	Willie Cox				Rache	el Cox		
2	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDI	IESS (Street a	nd Number or Rural	Route Number, City or To	own, State, Zip Cod	(6)
	Sadie Hammon	ıd	3016)atis	St. N.	E. Wash	. D.C.	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		PLACE AND DATE OF E temetary, crematory or oth Harmony	her place)		7 - 9	Mary1	A CONTRACTOR OF THE PARTY OF TH
	21. SIGNATURE OF FUNERAL SERVICE LIC	1	00756	E.M.		AND SO Rainier		O R.I. Ave.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS A DUE TO OR AS A DUE TO OR AS A	CONSEQUENCE OF:	Im	ush	len		Interval Between Onset and Daath
IN: MEDICAL	PART II. Other algoriticant condition	is contributing to death bi	ut not resulting in the	ı undariyin	g cauae given in	PERF	AN AUTOPSY ORMED? 2 140	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
5	25. WAS CASH REFERRED TO MEDICAL EXAMINET?	HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATH (C)	neck only one)		
PHYSICIAN:	1 O YES 2 NO	1 ☑ Inpetiant 2 ☐ ER/Outp	atlant 3 DOA 4 D	Nursing Hom		6 Other (Specify)	W IN HIM COLUM	
	1 Netural 5 Pending	(Month, Day, Year)	, 28b. TIME OF INJURY		VES 2 NO	28d. DEŞCRIBE HOV	MINJURT UCCURI	EV.
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spec	— At home, farm, street			281. LOCATION (Stree City or Town, Sta		Tural Route Number,
COMPLETED	priock piny	ICIAN: To the best of my knowl						use(a) and menner as stated.
H H	29h SIGNATURE AND TITUE OF CERTIFIE	indu	m	M	29c LICENSE NU	MBER DGG	29d. DATE SI	GNED (Month, pay, Year)
2	30. NAME AND ADDRESS OF DERSON WITH STREET (Month, Day, Year) JUL 0 5 91	32. BEGISTRAR'S SIGN	ATURE					

BALTIMORE, MARYLAND 21215-002	after death. Page 6 may be retained by the hospital or attending phys by the funeral director, page 5 should be detached for use as the buri	moval. Ical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEAL ATE OF DE	TH AND MENT	REG. NO.			
1. DECEDENT'S NAME (First, Middle, LI	Am W	CUR	TIN	C	TE OF OEATH DAY	9	1 8,39A N	
4. SOCIAL SECURITY NUMBER 579-12-1098	1 🛛 M 2 🗌 F	73 YRS. MO	NTHS DAYS HOU	RS MIN. AP	ril 29,1	918 Wa	entry) ashington, D.C	
90. FACILITY NAME (If not institution, g	ARYLAND HO	DS ATAL "	CL/	A TON		PRINC	E GEORGES	
Maryland Pri		10c. CITY, TO					10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER 600 Maury Ave.			101. ZIP	20745		17.0	OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	13. WAS DECENDE	NT OF HISPANIC ORI Cuben, Mexican, Puer NO Specify:		or No- 14. I	RACE — American Indien, Black, White, atc. Specify: White	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		life. Do NOT use re	done during most of street.)		16b. KIND OF BUSI			
12 17. FATHER'S NAME (First, Middle, Last,)	projecti		MOTHER'S NAME (F)	Motion Picture			
James Alexander				V				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and No					
Phyllis Russell			ld Palmer					
20e. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 1 4 Donation 5 Other (Specify)	DATE 20c. LOCATION — City or Town of cemetary, crematory or other place) Cedar Hill Cemetery 7/31/91 Suitland, MD.							
22. NAME AND ADDRESS OF FACILITY 4308 Suitland Rd. Robert E. Wilhelm, Inc. Suitland, MD. 207 23. PART I. Enter the diseases, or compileations that caused the death. DD not enter the mode of dying, such as cardiec or reapiratory arrest, Approxima								
ahock) or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other algolificant cond	tions contributing to death	but not resulting in	the underlying ca	use given in Part	24s. WAS AN / PERFORI	ORMED? AVAILABLE PRIOR TO		
25. WAS CASE REFERRED TO MEDICA			26. PLACE	OF DEATH (Check on	ly one)			
1 VES 2 NO	YES 2 NO 1 Inpatient X ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8							
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigat	ition // I I I I I I I I I I I I I I I I I I						ED	
3 Suicide 8 Could not be determined 28. Could not be determined 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
(Orlock Orly)	PHYSICIAN: To the best of my know						use(e) and manner ee stated.	
296 SIGNET (UILE AND TITLE OF CERT	TIFIER AHE	uping phys	(12A) 299	LICENSE NUMBER		29d. DATE SIG	GNSD (Month, Day, Year)	
FRANK M. Ru	N WHO COMPLETED CAUSE OF D	Oxen Hill	NA OX	outh'll	, md	2074	5	
31 DATE FILED (Myorth, Day, Year)	July Davidson-Ha	ndesc						

DUAMOUS I'll CONCERSONS OF THE LINGS.

46

From the contract of the contr

(
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FINNEAR INSPITABLY After this certificate has been stoned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit perm.	be fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

Items:10a,k FOR STATE G-678 8/1/ REGISTRAR reb	o,c,e,f pe 191 STATE OF	MARYLAND / DEPAR	TMENT OF H	IEALTH AND I DEATH		YGIENE EG. NO.
DECEDENT'R NAME (First, Middle, Le	est)				2. DATE OF D	
BURL	PERRY	CO	URTNEY		06	28
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH

HEGISTHAN TE					ONIL	I DEA			HEG. NO.				
1. DECEDENT'R NAME (Firs	t, Middle, Last)			1				2. DATE OF MONTH	DA		AR	TIME OF DEATH	
BURL		PERRY			JRTNEY			06	28	199		08:45 A	M.
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. ia:		MONTHS DAY		MIN.	7. DATE OF (Month, C		8.1	BIRTHPLA Country)	NCE (State or Foreign	'
578-88-201		1 M 2 F	32	YRS.				Dec.	17,	958 W		D.C.	
9s. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH													
10904 WOODLAWN AVENUE UPPER MARLBORO PRINCE GEORGE													
10s. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR LO	CATION					100	d. INSIDE CITY	
DC				Was	hingto	on-, NW						LIMITS?	
Mary and		e George	S	1 -446	per Ma	10f. ZIP COD			7	10a. CITIZEN		X	
920 Peabo	odv St.	. Apt. #1	.2			100 100 100	20	011			_		
10904 Woodl	awn Bla		IT EVER IN U.S. AI	MED	12 WAS	2077	OE HISDA	NIC ORIGIN? (Specify Vec	II. S.	A.	American Indian.	-
1 Never Married 2	Married	FORCES?			If yes	, specify Cub	an, Mexica	en, Puerto Ric			Black, W	hits, etc.	
3 Widowed 4 Div	proced	IF YES, GIVE I	MAR OR DATES		١, ١	YES 2 NO	Брес п	ry:			Specify:	Black	
15. DE	CEDENT'S EDU	CATION	16a. Di	CEDENT'S	USUAL OCCUP	PATION	f	16b. K	IND OF BUS	INESS/INDUST	ΓRY	DIGCA	
Elementary/Secondary	lly highest grade (0-12)	College (1-4 or 5	106	i. Do NOT us	vork done during e retired.)	g most of work	ing						
10+h				Vendo	nr				D ₁	rivate			
17. FATHER'S NAME (First, I	Middle, Last)					16. MOT	HER'S NA	AME (First, Mid					
John James	Court	nev				C	a11i	o Duby	, Blal	ro			
19a. INFORMANT'S NAME		<u> </u>	19	b. MAILING	ADDRESS (Str	eet and Numbe	or or Rural	Route Number	City or Town	r, State, Zip Coo	de)		
Jovace C	ourtne		2	631 N	i chol s	on St	Lh ₇	atterri	110	MD 21	0782		
20s. METHOD OF DISPOSI	TION	2	20b. PLACE other p	OF DISPOS	SITION (Name o	cemetery, cre	matory or	accsv		CATION — City		Stata	
1 X Buriel 2 Cremet 4 Donation 5 Other		noval from State			morial	Dark			Land	lover,	Max	backy	
21. SIGNATURE OF FUNER				***	22. NAM	E AND ADDR	ESS OF E	ACILITY	7-2-1-K	J.B. Je	owled:	y a state of	
Samle	elly	C. Br	ische					Maryl			EIIKT	115	
disease or condition resulting in deeth)													
Sequentielly list condi if sny, lesding to immo cause. Enter UNDERLY CAUSE (Disease or In)	ediete riNG	с	(OR AS A CONSE										
that initiated events resulting in deeth) LA	т т	d	(On AS A CONSE	QUENCE OF	-).								
PART II. Other algnific	ant condition	ns contributing to	death but not	reauiting i	n the under	lying cause	given in	Part I. 2	4a, WAS AN			FRE AUTOPSY FINOIR	NGS
								- '	PERFOR		OF	MILABLE PRIOR TO DMPLETION OF CAUS DEATH?	iΕ
26. WAS CASE REFERRED	TO MEDICAL					6, PLACE OF	DEATH (C	beek anti-one)					
EXAMINER? XX YES 2 NO	. J MEDIONE	HOSPITAL:	ED/Output	2 0 001	071150			S 🗆 Other (m	:			
27. MANNER OF DEATH		28s. DATE O	☐ ER/Outpatient	28b. TIM		Home 5111	tesidence	,		NJURY OCCUR	ED.		\dashv
1 Netural 5	Pending	06 28	Day, Year)	INJ	URY	WORK?	⊠ NO	200. 0040				, Poince	
2 Accident 3 Suicide a 4 Homicide	Could not be determined	28e. PLACE (OF INJURY — At h , etc. (Specify) C-10904	ome, farm, s	street, factory,		ΔRD	281. LOCAT City or	TON (Street o	NCE GEO	Burnt Boud	n Alumbar	
29e. CERTIFIER	TIEVING BUT												
condon drilly		ER: On the basis of									ause(a) ar	nd manner as state	d.
296. SIGNATURE AND TITL	- One	Mul	/			29c. LI	OCM			29d. DATE SI	IGNED (M	onth, Day, Ybar)	
30. NAME AND ADDRESS	OF PERSON W	D - LL	SE OF DEATH (IT)	EM 27) (Type,	, Print)		70.0.0						
JUL 0 5 91	y, Ybar)	Julia David	AR'S SIGNATURE	2	11	I PENN	STR	EET	BALTII	MORE,	MARY	LAND 212	201

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 wours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

										91	19516
	FOR 1 - STATE REGISTRAR	STATE OF MAR		ARTMEN				MENTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	HENRY	WILLIAM	CON	JOR			2. DATE OF DEATH MONTH DA	ıv.	YEAR 3	. TIME OF OEATH
	Connor H.	enry 1	7,	COM	1010			6-2	8 -	91	4:12 AH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last birtho	MONTHS	DAYS	IF UNDER	20104	7. DATE OF BIRTN (Month, Day, Year)		S. BIRTNPL Country)	ACE (State or Foreign
	173-20-4729	1 XM 2 F	62 YR	S.	DAYS	HOUNS	waity.	AUG. 27,	1928	PENN	SYLVANIA
	9a. FACILITY NAME (If not institution, give atre	1/1	. 1	1 0	Y, TOWN OR		ON OF DE	ATH	9c. COU	NTY OF DEA	TN
e l	Shady Grovi	e Hovent,	st Hospi	al RO	CKVI	LLE			MON	TGOME	RY
RECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCATIO	ON	•			1	od. INSIDE CITY
DIRI	PENNSYLVANIA	ADAMS		GETTY							LIMITS?
	10e, STREET AND NUMBER				10f. :	ZIP CODE			10g. CITI		AT COUNTRY?
FUNERAL	246 HERITAGE I	DRIVE				17	325			USA	
N.		12. WAS DECEDENT EV	ER IN U.S. ARMED	13.	WAS DECE	NDENT O	F NISPAN	IC ORIGIN? (Specify Yes	or No—	14. RACE -	- American Indian,
	1 Never Married 2 X Married	FORCES? 1 X Y	YES 2 NO		If yes, spec			n, Puarto Rican, atc.)		Black, 1 Specify:	White, atc.
BY	3 Widowed 4 Divorced	W	WII								WHITE
ED	15. DECEDENT'S EDUCA (Specify only highest grade of		18a. DECEDEI (Give kin	d of work done	during most	of working	g	16b. KIND OF BU	SINESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do N	OT use retired.)							
COMPLET		4	ACCO	UNTAN	1			GOVERN			
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Meiden	Sumame)		
B	HENRY WILLIAM CON	NNOR, SR.	T 400 1111		10.10		IZAB	SETH REG		DOLA	N
2	CAROLE ANNE CONNO	D (DAIICIIM	-								
	20e, METHOD OF DISPOSITION	JK (DAUGHI	20b. PLACE OF DE					KENSTNGTO		RYLAN City or Town	
	1 Buriel 2 Cremation 3 Ramon	val from State	GATE O								G, MARYLAN
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE,	GIII O					LLINS FUN			
1 1	11.40	111	4/								
-	23-PART I. Enter the diseases, or co	- X	und the death								P., MD 209
	shock, or heart failure. L.	int only one cause of	on aach Ilna.	DO NOT BINE	i the mod	or dyn	ng, suci	n aa cardiac or resp	matory an	rest,	Interval Between
4	JMMEDIATE CAUSE (Final disease or condition	Calla	200	Ti	tra	0	1./	1+ 1.		0	Onset and Death
1	resulting in death) a	A DUE TO (OR	AS & CONSEQUEN	DE OFI:	lle	DI	CY	u u	M	9	
1-1		Ana	800	100	0	00	1 1	11100	10	0	İ
0	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	S CONSEQUEN	CE OF):	to		D		1		1
I &	cause. Enter UNDERLYING	Sma	LB	ALL	, L	0	100	much	w		
Ē	CAUSE (Disease or Injury thet initieted events	DUE TO (OR	AS A CONSEQUE	CE OF):		- 0					
ERTIFICATION	resulting in death) LAST	Mexa	stat	70	\sim	el	a	non	9		
	PART II. Other significant conditions	a contributing to det	ath but not result	ting in the u	ındariying	ceuse g	given in	Pert I. 24s. WAS AF	AUTOPSY	24b. \	WERE AUTOPSY FINDINGS
MEDICAL	GOGGINA	mat	Qua	101	ON	n	-0	PERFO 1 YES	- /		MAILABLE PRIOR TO COMPLETION OF CAUSE
	Control		700-					TU TES	NO NO		OF DEATH?
								_			1 123 2 1 110
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF O	EATH (Ch	eck only one)			
S	EXAMINER? 1 YES 2 AO	HOSPITAL:	/Outpatient 3 🗆 D	OTHE		5 🗆 Re	aldenca	8 Other (Specify)			
\(\(\)	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK?									
BY F	1 Netural 5 Pending 2 Accident investigation	(world), Day, I	,	М		ES 2	□ NO				
	3 Suicide 6 Could not be	28e. PLACE OF IN building, etc.	JURY — At home, for (Specify)	erm, street, fa	ctory, offica	1		28f. LOCATION (Street City or Town, State	and Numbe	or Rural Ro	ute Number,
ETE	4 Nomicide determined										
1 2	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, death o	courred at the	1ime, date	and place	, and dua	to the cause(a) and mo	nner aa ste	rted.	
COMPL	one) 2 MEDICAL EXAMINER	3: On the basis of exami	ination and/or invest	ligation, in my	opinion, de	ath occur	red at the	11me, data and placs, a	nd due to t	the cause(a)	and manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER			1		29c. LICI	ENSE NUI	WBER	29d. DA	TE SIGNED (Month, Day, Year)
0 10	& Kud	nako	IL,M	1)		D3.	57	172	1 6	5-	28-71
IF	30 HAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	OF DEATH (ITEM.27)	(Type Print)	. 60	2 1	0.0	100	1000		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

Julia Davidson Rendam

DHMN-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR, After this certificate has been signed by the artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
王	H	filec	8

1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN REG. NO	_	1 19517					
1. DECEDENT'S NAME (First, Middle, Last) Joseph		Char	af	2. DATE OF DEATH B		3. TIME OF DEATH 12:45 Am					
The second second second	SEX 8. AGE	(In yrs last birthday) IF 19 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 04-12-19	. 100	BIRTHPLACE (State or Foreign Country) ondon, England					
9a. FACILITY NAME (If not institution, give stree Prince Georges Coun			Cheverly	DEATH	9c. COUNTY Princ	of DEATH ce Georges					
10a. STATE 10b. COUNTY	George's		wn or location			16d. INSIDE CITY LIMITS? K YES 2 NO					
100. STREET AND NUMBER 5249 Kenilworth A 11. Marital STATUS 1 Never Married 2 Married	venue #304		101. ZIP CODE 20781	1	Engl	and					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	P. WAS DECEDENT EVER FORCES? 1 YES	2 1 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Specific	can, Puarto Rican, atc.)		RACE — American Indian, Black, Whita, atc. Specify: Black					
15. DECEDENT'S EDUCAT (Specify only highest grade co		16e. DECEDENT'S USU (Give kind of work life. Do NOT use rei Student	done during most of working	166. KIND OF BU		TRY					
Joseph Charaf	- 07			NAME (First, Middle, Maiden Charaf	Surname)	n 0					
19a. INFORMANT'S NAME (Type/Print) Wilfred Auber											
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 A Remove 4 Donetion 5 Other (Specify)	1 Burial 2 Cremation 3 ARemoval from State of cemetary, crematory or other place)										
21. SIGNATURE OF BUMERAL SERVICE LICEN	4 seni		McGuire Fune 7400 Georgia		e, Inc. W. Wasi	20012 hington, D.C.					
PART I. Enter the diseases, or conshock, or heart feliure. Lie immediate CAUSE (Finel disease or condition resulting in death)		each line.									
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING										
resulting in death) LAST	that initiated events resulting in death) LAST d.										
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Yes 2 NO 27. MANNER OF DEATH	contributing to death	but not resulting in t	ne underlying cause given	In Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	EXAMINER? HOSPITAL: OTHER:										
	28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28c. INJURY AT WORK? WORK?					e 6 □ Other (Specify) 28d. OESCRIBE HOW INJURY OCCUREO PEDESTRIAN STRUCK BY AUTO					
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUF building, atc. (Sp		RIGGS ROAD & 19 TH PLACE MD								
(Orack Oray			t the time, date and place, and on my opinion, death occured at								
296. SIGNATURE AND TITLE OF CERTIFIER	iht MD		29c. LICENSE I	NUMBER M. E.	1	HGNED (Morth, Day, Year) -26-1991					

DONALD G. WRIGHT

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

111 PENN STREET BALTIMORE, MARYLAND 21201

DNMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTO

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

The MARYLAND 21203-3146

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a factor of the mospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and the mospital or attending physician or completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, and the mospital or them 28 shows any injury, or other traumatic event, the medical examiner must be notified at once. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Charles Stanley Carter, St. Charles Stanley Carter, St. Charles Stanley Stanl		FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF H		ENTAL HYGIENI REG. NO.	E		. 5010		
SOCIAL SECURITY NUMBER 0.52 7 NB 0.500 7 NB 0.000		1. DECEDENT'S NAME (First, Middle, Last)	harles Stan				2. DATE OF DEATH MONTH DA			TIME OF DEATH		
Top Part		100 CANTERNA 11/AD F-9/A	./			IF UNDER 24 HRS.	7. DATE OF BIRTN			ACE (State or Formigh		
SHIRDY GREVE OF DECEDENT 100. COUNTY 100. CITY, TOWN ON LOCATION 100. CITY 100. SHIRTY 100. SHIRTY 100. SHIRTY 100. CITY, TOWN ON LOCATION 100. CITY 100.	3	379-20-2000			MONTHS DAYS	HOUNE MIN.		28		land		
The STATE Sec COUNTY Sec	#		- //		473		тн					
10. STREET AND NAMED TO STREET AND NAMED TO STREET ON THE ADDRESS OF THE ADDRESS	O	HADY GROVE ADV	ENTLST II	SPITAL	Kock	VILLE		mo.	NT60	MERY		
10. STREET AND NAMED TO STREET AND NAMED TO STREET ON THE ADDRESS OF THE ADDRESS	REC	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIGE CITY LIMITS?										
South Sout			GOMBRY				6-	10- CIT				
South Sout	RA		MSIDE	DU		31 310	2					
South Sout	S					ENDENT OF HISPANIC		or No-	14. RACE -	- American Indian,		
18. DECEMBER'S EQUIVATION 18. DECEMBER'S EQUIVATION 18. DECEMBER'S MOUSTRY 18. DECEMBER 18. DECEMBER'S MOUSTRY 18. DECEMBER'S MOUSTRY 18. DECEMBER			IF YES, GIVE WAR OR DA	TES			, Puerto Rican, etc.)			Callion		
Barle Selby Carter Ceany Edna Month Selby Carter Selby Carter Selby Malino Address (sine and Number or Paral Rubino Mumber (or Paral Rubino Mumber) (or Pour Selby Nath (No Address) Selby							401 1/11/2 07 21/0			wnite		
Barle Selby Carter Ceany Edna Month Selby Carter Selby Carter Selby Malino Address (sine and Number or Paral Rubino Mumber (or Paral Rubino Mumber) (or Pour Selby Nath (No Address) Selby	E	(Specify only highest grade con	mpleted)	(Give kind of w	ork done during mos	st of working	166. KIND OF BUS	INESS/INI	JUSTRY			
Barle Selby Carter Ceany Edna Month Selby Carter Selby Carter Selby Malino Address (sine and Number or Paral Rubino Mumber (or Paral Rubino Mumber) (or Pour Selby Nath (No Address) Selby	PL		2011ege (1-4 or 5+)	Telepho	one Engi	neer	C&P Tele	phon	e Com	pany		
Barle Selby Carter Ceany Edna Month Selby Carter Selby Carter Selby Malino Address (sine and Number or Paral Rubino Mumber (or Paral Rubino Mumber) (or Pour Selby Nath (No Address) Selby	S S	17. FATNER'S NAME (First, Middle, Last)		-		16. MOTHER'S NAM	E (First, Middle, Malden	Sumame)				
Marjorie M. Carter Marjorie M. Carter 1003 Baltimore Road Rockville, Maryland 20851		Earle Selby Carter				Ceany E	dna Moxley					
Note 10 10 10 10 10 10 10 1										20053		
Total Committed Committed Park Par	7		201									
22. NAME AND ADDRESS OF FACILITY ROBERT A PUmphrey Funeral Home/Rockville, ROCKVILLE 23. PART I. Entar the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory streat, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final diseases or conditions) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU		1 N Buriel 2 □ Cremation 3 □ Remove	I from State	other place)								
23. PART I. Entar the diseases, pr complications that caused the deeth. Dp not enter the mode of dying, such as cardisc or respiratory streat, interval Between Onset and Death disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cau			SEE /		22. NAME AN	D ADDRESS OF FAC	ILITY	- 3 1	/ /D			
ABOCK, Dr heart failure. List pnly Dne ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF)		· Will EBo	en Is	100672	Robert Inc. Maryla	300 West	mey Funer Montgomer -2805	y Av	enue,	Rockville,		
IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO		23. PART I. Entar the dieeeses, pr con ahpok, pr heart fallure. Lis	nplicetione that caused	the deeth. Do n	Dt enter the mo	de of dying, such	es cardiac or respi	ratory sr	rest,			
If siny, laading to immediate cause. Entar UNDERLYNG CAUSE (Disease or injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		Onset and										
If siny, laading to immediate cause. Entar UNDERLYNG CAUSE (Disease or injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		resulting in death) MYOCARDIAL IN PARCTION ACUTE										
If siny, laading to immediate cause. Entar UNDERLYNG CAUSE (Disease or injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A		DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 YES 3 YES 3 YES	§											
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 YES 3 YES 3 YES	<u>8</u>	cause. Entar UNDERLYING										
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 YES 3 YES 3 YES		that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	7):					i		
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 246. WAS AN AUTOPSY PERFORMED? 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 MO 1 YES 2 YES 2 YES 3 YES 3 YES	E	d										
25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINERY? 1 OTHER: 1 I Inpetiant 2 FR/Outpatient 3 DOA 4 Nursing Homa 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 A Refural 6 Pending		,					Part I. 24e. WAS AN PERFOR		1 1	MAILABLE PRIOR TO		
		MYPERTENSIV	& CARDION	ASOUL	AK PL	SENSE	1 _ YES 2	M-MO	۰ ۲	LOWIN CELLOIL OL OHOOF		
	Z						-		1	YES 2 NO		
	AN	25 WAS CASE REFERRED TO MEDICAL			26 01	ACE OF BEATH (Cha	ok only one)					
	Sic	EXAMINEN?		etlant 3 □ DOA	OTHER:							
	HX		26s. DATE OF INJURY	26b. TIM	E OF 26c. INJ	URY AT		NJURY O	CURED			
	∀ P	A	6/26/9	COLLI	APS	~X						
4 Nomicide determined ## Nomicide 29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									et and Number or Rural Route Number,			
29a. CERTIFFIER (Check only one) 20a. CERTIFFIER (Check one) 20a. CERTIFF	E	4 Nomicide determined #6 mt										
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.	AP.	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.										
	8	2 2 MEDICAL EXAMINEN	On the basis of examination	and/or investigatio	on, In my opinion, d	leath occured at the t	time, data and place, ar	nd due to	the cause(s) a	and manner as stated.		
		296. SIGNATURE AND TITLE OF CERTIFIER	0011.	11111	1/1	29c. LICENSE NUM	A S C	29d. OA	TE SIGNEO	Month, Day, Year)		
P 30. BAME AND ADDRESS OF PERSON, WHO COMPLETEO CAUSE OF OEATN (ITEM 27) (Typo, Print)		30. JAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OE	ATN (ITEM 27) (Type	Print)	1001	· / 7		1.	171		
Loss marrie C Marin Prostition land State of the carrie		PRANCIS C MAY	100 8 m	wisco	alsa) A	10B09	H688	4	MA	20814		
MITO O DOWNGRUNN HOSP 8146544 /110 2000		31. DATE FILED (Month, Day, Year) JUN 28 '91	32. BEGISTRAR'S SIGN	ATURE POPULADO								
MITO O DOWNORWA HOSP 814654 /110 2000			Julia Davida	ATURE Rando PO						/		

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	ATE STATE OF MARTICARD / DEPARTMENT OF TEACH AND MERTIAL ITRICAL											
1. DECEDENT'S NAME (First, Middle,	Lest) . T	guron	M: 11	and C	7 2 2 1			2. DATE	E OF DEATH	4 0 TVE	3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	nilla	Syron (AFC)		(last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH	6.1	71	ACE (State or Foreign
220-42-0520	363	ZM 2 □ F	47			DAYS	HOURS MIN.	10	-27-43		Country)	ryland
9e. FACILITY NAME (If not institution,	give street en	nd number)			9b. CITY,	TOWN O	R LOCATION OF DE			9c. COUNTY		
Holy Cross	Hospi	ital			Si	lve	r Spri	ng		MON	rgoi	MERY
RESIDENCE OF DECEDEN	IT										La	
	DUNTY			10c. CIT	Y, TOWN OF			-			"	d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER	MOI	ntgome	ery		511	7	Sprin	g		40 - 0/7/7/7/1		YES 2X NO
	011m+					101.		000	_	10g. CITIZEN		
96 Carona Court 20905 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian,												
FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) Black, White, atc.								/hite, atc.				
3 Wildowed 4 Diverced IF YES, GIVE WAR OR DATES 1 YES 2000 Specify: Specify:								Black				
15. DECEDENT'S			164	. DECEDENT'S	USUAL OC	CUPATIO	N of undring	16	b. KIND OF BUSI	NESS/INDUST	RY	
(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)												
2yrs Crew Chief American Airli									lines			
17. FATHER'B NAME (First, Middle, La	- 4						18. MOTHER'S NA			urname)		
Millard Cla	rke						Be	ula	h Lee			
19e. INFORMANT'S NAME (Type/Print							nd Number or Rural I					
Karen L. Cl	arke	(wife	∍)	96	Caro	na	Court,	Si	lver S	prin	g, 1	MD 20905
20a. METHOD OF DISPOSITION 1 □XBurlel 2 □ Cremetion 3 □	Removal fr	rom Stata	oth	ar nianai			netery, cremetory or			ATION — City		
4 Donation 8 Other (Specify)	,	Je	rusal			ch Cem		ry Po	oles	V1I.	Le, MD
21. SIGHATORI OF FUNERAL SERVI	ICE LIGENSE	A	()	0,			D ADDRESS OF FA		AT. HON	E P	Δ	
SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850												
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
shock, or heart fe					r17 7	rre	ac+					Onset and Death
disease or condition resulting in death)	(Car	التنوان	nona	the contract of	cun	tren					Onset and Death Timmed Lad
remuting in death)				workh								72 wksks
Sequentially list conditions,	D. 1	DUE TO						•				ar
if any, leading to immedieta cause. Enter UNDERLYING		4 CHT	onic	Lympn	ocyt	1c	deukem	la	Ci			Sommosh's
CAUSE (Disease or injury that initieted events	c. —	DUE TO	(OR AS A CO	NSEQUENCE O	F):	7(0	hand.					
reaulting in death) LAST	- 2											
									_			
PART II. Other algnificent con	iditions co	ntributing to	death but i	not reauiting	in the un	derlying	g ceuse given in	Part i.	24a. WAS AN A		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
								_	1 TYES 2	□ NO		OMPLETION OF CAUSE F DEATH?
											1	YES 2 NO
									<u>.l.</u>			
25. WAS CASE REFERRED TO MEDI EXAMINER?	НО	SPITAL:			OTHER	_	ACE OF DEATH (C)	eck only	one)			
1 Nes 2 No	1 0	Inpatient 2 26e, DATE OF	· · ·	nt 3 🗆 DOA			e 5 Residenca	T				
1 Natural 5 Pending	.	(Month, D			JURY M		RK7	20g. D	EŞCRIBE HOW IN	JUNY OCCUR	ED	
2 Accident Investig		DR - DI ACE O	E IN H IOV	At home 4000			rES 2 NO	204.16	OCATION (Street o	ad Akimbas as	Drond Day	do Alcenhar
3 Suicide 6 Could s		building,	etc. (Specify)	At home, farm,	street, racti	огу, отне			CATION (Street e ty or Town, State)	nd Number or	MUTRI MOU	ne Number,
20- CENTIFIED												
(Check only							end place, end due eath occured at the					ind manner as stated.
29b. SIGNATURE AND TITLE OF CE							29c. LICENSE NU					fonth, Day, Year)
Rodels	Lone	- M.	D				D 239			D 61	261	91
30. NAME AND ADDRESS OF PERS	ON WHO CO	MPLETED CAU	SE OF DEATH	(ITEM 27) (Typ							-1	- 1
Burt I.	Ferd		, M	,D,	501	2	frede	nick	· Ave,	Guit	her:	sburg MD
JUN 27 '91		Julia Da	AND SIGNATU	Rendell-					_			-

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'91

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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71	B	2	V	6-	-

1 - FOR STATE REGISTRAR		STATE OF M	MARYLAN	D / DEPAR					IENTA	REG. NO.	E					
1. DECEDENT'S NAME (First, I									2. DATE	OF DEATH	,	YEAR	3. TIME OF DEATH			
Thelma	Mar		ampbel						Jul	y 5,		91	6:25 A. M			
4. SOCIAL SECURITY NUMBE 577-07-0475		5. SEX	8. AGE (In yr	yrs. lest birthday) YRS.	MONTHS	ER 1 YEAR DAYS	IF UNDER	MIN.	7. DATE Monti	of BIRTH	12		place (State or Foreign hington, D.(
Se. FACILITY NAME (If not inst						TY, TOWN O			ATH			INTY OF O				
4405 Tonqui		eet			В	eltsv	ltsville					Prince George				
	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCATI	OCATION						10d. INSIDE CITY			
Maryland	Princ	e George		Be	lts	ville	!						LIMITS?			
10s. STREET AND NUMBER						355	ZIP CODE				1		VHAT COUNTRY?			
4405 Tong	uil S				1		0705						States			
11. MARITAL STATUS 1 Never Merried 2 Nover Wildowed 4 Oliver		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	XXXO	1	If yes, spe	CITY CUBO	n, Mexicer Specify	iC Official n, Puerto :	4? (Specify Yea Rican, etc.)	or No	Special	: — American Indian, t, white, atc. hy: White			
15. DECE (Specify only	DENT'S EDU	CATION completed)	16	a. OECEOENT'S	USUAL work don	OCCUPATIO	N st of workin	10	168	. KIND OF BUS	INESS/IN	DUSTRY	-			
Elementary/Secondary (0-		College (1-4 or 5	+)-	Ille. Do NOT u	se retired	(.)				Corrorr	mont	- Dri	nting Offic			
8 years 17. FATHER'S NAME (First, Mic	irile Leet)			Super	VIS	OT	18. MOTI	HED'S NAI	ME (First	Middle, Melden		- FII	incling Office			
William R.		ell						ques		arriaga	,					
190. INFORMANT'S NAME (7)				19b. MAILING	ADDRE	SS (Street a		2		ber, City or Town	n, State, Zi	lp Code)				
Laveta A. En	ory			4405	To	nquil	Str	eet	Belt	sville	e, Mc	1. 20	705			
28a METHOD OF DISPOSITION West		oval from State	POI	her place) Ct Line	SITION (Name of cent	etery	natory or				city or To	wn, state Maryland			
21. SIGNATURE OF FUNERAL	SERVICE LIC	DENTINE		1 1	2	2, NAME AN	D ADDRE	SS OF FA	eral	L Home,	P.7	A .				
(Adal	dV.	ROYDI	war	SLD									Md. 20705			
23. PART I. Enter the dis		complications the			not ant	er the mo	da of dy	ing, suci	ss car	disc or reapi	ratory si	rrest,	Approximata Interval Between			
IMMEDIATE CAUSE (Fine disease or condition	el	1		\	- 4	^ -							Onset and Death			
resulting in death)	→	a. DUE TO	OR AS A CO	ONSEQUENCE	au	luce	ب		-				\mo.			
		6 V	مصوف	DISEQUENCE ONSEQUENCE	CE	Seon	0	anc	ne	my			9mo.			
Sequentially list condition if any, leading to immed	iata	DUE TO	(OR AS A CO	ONSEQUENCE O)F):		1									
cause. Enter UNDERLYII CAUSE (Disesse or injur		C. DUE TO	IOD AS A CO	ONSEQUENCE (NE).						·					
that initiated events resulting in death) LAST			(on no n oc	J. OLOGENOL (,.											
		d								I						
PART II. Other significar	nt condition	ns contributing to	death but	not reaulting	In tha	undarlying	csuse	given in	Part I.	24a, WAS AN PERFOR	MED?	246	AWAILABLE PRIOR TO COMPLETION OF CAUSE			
									_	1 🗆 YES 2	NO		OF DEATH?			
									_	′			1 Tes 2 No			
25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:					ACE OF D	EATH (Ch	eck only o	nne)						
1 TYES 2 NO		1 Inpatient 2		ent 3 🗆 DOA	OTH 4 N	LER: Nursing Hom	e 5 🗆 R	eeldence								
	Pending rivestigation	28s. DATE Of (Month,	F INJURY Day, Year)	286. TI	ME OF JURY M	28c. INJ W0	RK?	NO	28d. DE	SCRIBE HOW I	NJURY O	CCURED				
3 Sulcide 8 (Could not be determined	28s. PLACE building	OF INJURY , atc. (Specify)	At home, farm,	street, t	lactory, offic	•		28f. LO	CATION (Street of Your Town, State)	end Numb	er or Rural i	Route Number,			
TOTAL OTHY		ICIAN: To the best of											e) end manner ee stated.			
29b. SIGNATURE AND TITLE	OF CERTIFIE	E. 1 0 0	4				29c. LIC	ENSE NUI	MBER		29d. DA	TE SEGNE	(Month, Day, Year)			
maran	, 0.	relie	rw				D	23	473	3	•	3/2	191			
30. NAME AND ADDRESS OF WARTIN U	PERSON WI	10 COMPLETED CAI	S OF DEATH	H (ITEM 27) (Typ	e, Print)	Œ	41	Dr	She	oule	Ut	MD	20170			
31. DATE FILEO (Month, Day,	Year)	32. REGISTR	AR'S SIGNATI	URE					-0~							
JUL 9	'91	Juli	· Davids	an Rand	202								DUME OF Day of			

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TO THE FUNESTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician. The FUNESTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Place in the marked for the page 1 should be detached for use as the burial-transit permit. Place IMPORTANT: If them 28 it marked for them 22 above.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

DHMH-18 Rev 1/89

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR		STATE OF MA		DEPAR					MENTA	L HYGIEN			
1. OECEOENT'S NAME (First, JAMES F		DORSEY							2. OATE MONT	OF OEATH	AY .	YEAR 991	3. TIME OF DEATH 9:22 AM
4, SOCIAL SECURITY NUMB	ER :	5. SEX 6	. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Mont	OF BIRTH		8. BIRTH	IPLACE (State or Foreign
577-24-038	1	1 (XM 2 □ F	67	YRS.	MONTHS	DAYS	HOURS	MIN.	OCT.		1923		SHINGTON, DC
9e. FACILITY NAME (If not in					9b. CITY,	TOWN O	R LOCATIO	ON OF OE	EATH			NTY OF D	
1706 CR	OSBY RO	AD			AD:	ELPH	I				PRI	NCE	GEORGES
10e. STATE	10b. COUNTY			10c. CITY	r, TOWN O	R LOCATI	ON						10d. INSIDE CITY
MARYLAND	PRINCE	GEORGES		A	DELP	HI							LIMITS?
10e. STREET AND NUMBER		10				101.	ZIP CODE	E			10g. CIT	ZEN OF	WHAT COUNTRY?
1706 CROS	BY RO	AD					20	783				USA	
11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo	Merried	2. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAF	YES 2 N	MED O	- 61	yes, spe		n, Mexica	n, Puerto	i? (Specify Yee Rican, etc.)	or No-	14. RACI Blac Spec	E — American Indien, k, White, etc. WHITE
	EDENT'S EDUCAT			CEOENT'S				or	168	KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0		College (1-4 or 8+)	life.	Do NOT us	e retired.)								
		7	MED	ICAL	EQU.	LPME				R.A.M			
17. FATHER'S NAME (First, M JAMES JO:	111	ORSEY							_	Middle, Meiden			
		OVOEI					MA		Ε.		TON		
190. INFORMANT'S NAME (7) EVELYN ELI		DORSEV (ber, City or Tow			700
200_METHOD OF DISPOSIT		DONDET (20b. PLACE				_	ADE	LPHI	, MARY	CATION —		783
1 ABurlal 2 Crematic	on 3 🗆 Remove	al from State	of cemetary,		or other pi	lace)		37	DAI				
21. SIGNATURE OF FUNERA		FREE	TOKI	LIM					CILITY	IBRE	INTWO	00.	MARYLAND
~~	. ()	000	4		FE	RANC	IS J	. CO	LLIN	S FUNE	ERAL	HOME	, INC.
23. PART I. Enter the d	Wolf	caller	0										SP., MD 2090
	aart fallure. Li	gastre		enon									Approximate interval Batween Onset and Death
Sequentially list condit if any, leading to imme cause. Entar UNDERLY CAUSE (Disease or inju- that initiated events	diata ING ary		OR AS A CONSEC										72
resulting in death) LAS	d.												
PART II. Other significa	ant conditions	contributing to d	eath but not n	esulting	in the un	derlying	Cause (given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
													1 YES 2 NO
	n Menus												
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			OTHER	9:	ACE OF D						
1 TYES 2 NO		28e. DATE OF II		DOA 28b. TIM		aing Hom 28c. INJ		esidence		er (Specify) SCRIBE HOW	IN ILIPY AS	CUBER	
	Pending	(Month, Day		IN.	URY M	WO	RK?	□ NO	200. UE	SCHIBE HUW	INJURY OC	CURED	
2 Accident	Investigation Could not be determined	28e. PLACE OF building, e	INJURY — At ho	me, farm,	street, fact	-		_] NO	28f. LO	CATION (Street or Town, State)	end Numbe	or or Rural	Route Number,
cond A		AN: To the best of n											(e) end manner se stated.
29b. SIGNATURE AND TITLE	1 Tig	MP.	altoul	ny (Ryon	صف	29c. LICI	ENSE NU	MBER 38	0	29d. DA	TE SIGNE	(Month, Day, Year)
30. NAME AND ADDRESS O	F PERSON WHO	01	OF DEATH (ITE	M 20) (Type	A.								
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ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shi		
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31. DATE FILED (Month, Day, Year)

JUL 8 91

32. REGISTRAR'S SIGNATURE
Julia Davidson

1. DECEDENT'S NAME (First, Middle, Last)	110.10	7	ERTIF				2. DATE MONTI	OF DEATH		YEAR	3. TIME OF DEATH	
	HENR	7 1		QUE	1			1 - 3	-	9/_	4 4	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs.		MONTHS DA		R 24 HRS.		of BIRTH	-	Count	**	
579-09-4682		7	4 YRS.				1	-14-			SYLVANIA	
9e. FACILITY NAME (If not institution, give					VN OR LOCAT					NTY OF D		
435 ETHAN	ALLEN	AVE	7UC	13	KoMA	1 Po	4RK	<u> </u>	PRI	NGE	GEORGE	
10a, STATE 10b, COUNT	VEE GE	nois	10c. CITY, TOWN OR LOCATION TAKEMA PAR							10d. INSIDE CITY LIMITS? 1 XYES 2 NO		
104 STREET AND NUMBER	VEC OE	0/10-8		74 2 61	10f. ZIP COI)F	-		I 10g CIT	IZEN OF I	WHAT COUNTRY?	
435 ETHAN	MIEN	MICH	1115									
11. MARITAL STATUS	12. WAS DECEDEN			12 WMG		20712		? (Specify Yes	or No.	_	USA E — American Indian,	
XX Never Married 2 Marriad		X YES 2		If yo	, specify Cub	an, Mexica	n, Puerto I		01110	Blac	ck, White, etc.	
3 Widowed 4 Divorced	, ,	YES 2 A NO	Specif	y:			Spec	white				
Second							16b	. KIND OF BU	SINESS/IN	SS/INDUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +		(Give kind of a life. Do NOT us	vork done durin e retired.)	g most of work	ing						
12	Comede (1-4 Ot 5 +		UTE D	RIVER			C	DAIRY	r FA	1 (°	MALUECT II	
17. FATHER'S NAME (First, Middle, Last)					18. MO	THER'S NA	ME (First.)	Middle, Maiden	Surname)			
AUGUST C. DISC	DIF				15.11.0		IA L					
19a. INFORMANT'S NAME (Type/Print)	KOT.		195 MAILING	ADDRESS (St	not and Mumb				um Choto 76	n Code)		
ELMER J. DISQUE	(BRO	ruer)		CALGAR							ID 20895	
				DF DISPOSI		VOL		y	CATION -			
20a_METHOD OF DISPOSITION 1 (A)Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from Stata	of cemete	ery, crematory	or other place			7/8				RYLAND	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSES	0		22. NA	E AND ADDR	ESS OF FA	CILITY					
> Suy	15/1			TOTA A			AT T TAT	C THIEFT	TACE	HOME	TNC	
	1 1 1 Con	~			NCIS .							
23. PART I. Enter the diseases, or				500	UNIVE	RSITY	BLV	D.,W.	SIL.	SPR.	,MD. 20901	
ahock, or heart fallure.				500	UNIVE	RSITY	BLV	D.,W.	SIL.	SPR.	,MD. 20901 Approximata Interval Betwee	
	. List only one cau	ise on each li	lna.	500 not anter the	UNIVEI moda of d	RSITY ying, suc	BLV	D.,W. diac or reap	SIL.	SPR.	,MD. 20901 Approximata Interval Betwee	
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Commencing presents.	des production of the state of	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page to may de fortained by the hospital personal program.	TO THE FUNERAL CIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral permit. Pages 1, 2, 3 should be detached to the first permit. Pages 1, 2, 3 should be detached to the State Dent of Health and Mental Michigan prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Leat)	WINIFRED	HALL DING		2. DATE OF OEATH DAY	YEAR 5,05 A M
	4. SOCIAL SECURITY NUMBER	1.	MONTH	ER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	B. BIRTHPLACE (State or Foreign Country)
	90. FACILITY NAME (If not institution, give str		6 YRS.	TY, TOWN OR LOCATION OF D	3-25-1705	Phobe Island
DIRECTOR	1. 1	yzoH ytruo	otal t	tagenstou	un was	, 1
H.	10e. STATE 10b. COUNTY		10c. CITY, TOW	OR LOCATION		10d. INSIDE CITY LIMITS?
	Maryland Was	hington	B	OONS BOA	20	1 YES 2 NO
FUNERAL	Reeder's me	MONIA	STREET	2171	3	
N.	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMEO	3. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic	NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 WES 2 NO Spec		specify: White.
LED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	15e. DECEDENT'S USUAL (Give kind of work do.	ne during most of worlding	16b. KIND OF BUSINESS/INOU	STRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use retire	0	own has	20
OMI	17. FATHER'S NAME (First, Middle, Last)		House v	18. MOTHER'S N	AME (First, Middle, Meiden Surname)	ne
BE C	Frederick	Cliffond	Hall	Win	nifred ma	etaft
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR		Route Number, City or Town, State, Zip	
F	Donald Kub	ert Dinge		von Koad		10 21740
	20e METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		0b. PLACE AND DATE OF DI of cemetary, cramptory or other	er place)	DATE 20c. LOCATION C	ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		LAME AND ADDRESS OF F		Har-Tele do
-	+ R. noel	3.000		Hhonews (1 - 1 - 1	100 10 10 10 10 10 10 10 10 10 10 10 10
	23. PART i. Entar the diseases, or c			1 11.11.16		
	ahock, or haart fallure. L IMMEDIATE CAUSE (Final	list only one cause on	each lina.	,		Interval Between Onset and Death
	disease or condition resulting in death)	Vertrent	a tibulfel	en		Sidden
_		1	A CONSEQUENCE OF	520.01		1-2 hours
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF			
S	cause. Enter UNDERLYING CAUSE (Disease or injury	DISE TO COD AS	A COMPROMENOS OF			
H	that initiated events resulting in death) LAST	DOE TO (ON AS	A CONSEQUENCE OF):			
	DATE II On a similar on an distance		h do			
CAL	PART II. Other algoriticant conditions (Monar Co.	who hear	1 / 1	undarlying cause given i	PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	Chromat C	THE TREE)		1 U YES 2 140	OF DEATH?
2	8-01124-012				_	1 125 2 100
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	Check only one)	
YSIG	1 TYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☑ ER/Ou	rtpetient 3 DOA 4 D	IER: Nursing Home 6 - Residence	6 Other (Specify)	
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		26c. INJURY AT WORK?	28d. OESCRIBE HOW INJURY OCC	UREO
ВУ	2 Accident Investigation	28e. PLACE OF INJU	RY A1 home, farm, street,	1 YES 2 NO	261. LOCATION (Street and Number	or Rumi Route Number.
TED	4 Homicide 6 Could not be determined	building, etc. (Sp	pecify)		City or Town, State)	
COMPLET	290. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kno	owledge, death occurred at ti	ne time, date end plece, end di	ue to the cause(e) end menner ee state	id.
OM	anal .	R: On the basis of examinat	tion end/or investigation, in n	ny opinion, death occured at th	ne time, date end place, and due to the	cause(s) and manner as stated.
BE C	29b. SIGNATURE AND THE OF CERTIFIES	-/		29c, LICENSE N	UMBER 29d. DATE	SIGNED (Month, Day, Year)
TO E	TO NAME AND ADDRESS OF BERNOWN	The MID	DEATH STEEL ST. T. T.	02	6377 7	18191
	30. NAME AND ADDRESS OF PERSON WHO	MD /60	Geeting L	ena Kec	Soille Md	21756
	31. OATE FILED (Month, Day /tear)	32. REGISTRAR'S SIG	GNATURE		Politica	,
	JUL 16'91	Julia Davidson	n-Aandell			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remeined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remeined within 78 hours any injury, or other traumatic event, the medical

page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

ust be notified at once.

may be retained by the hospital or attending physician. **ORE, MARYLAND 21215-0020**

•	FOR STATE REGISTRAR		STATE OF I					EALTH AND DEATH	MENTA	L HYGIEN	-	91	19524
	1. OECEOENT'S NAME (Fire		4	1/17						OF OEATN			TIME OF DEATN
	John	m.	Bubres						MONT		91	EAR	715 AH
	4. SOCIAL SECURITY NUM	ABER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH			ICE (State or Foreign
	218 05 22		1 🕅 M 2 🗌 F	75	YRS.	MONTHS	DAYS	HOURS MIN.	11-	th, Day, Ybar) 13-191	5		/ID
_	9a. FACILITY NAME (If not	A.		1.1.1		11		PR LOCATION OF C			9c. COUNTY		
	HAT TOTO		orial Ac	spital		NO	116	de p	2007		Hars	1017)
	10a. STATE	10b. COUNT	Υ		10c. CIT	ry, TOWN	OR LOCA	'ION				10	d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	MD	Н	arford				Hay	re de C	Trace			11	YES 2 NO
1	10e, STREET AND NUMBER							ZIP CODE			10g. CITIZEI	N OF WHA	T COUNTRY?
	642 N.	Stoke	es St.					21078			1	USA	
	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div	. ARMED		If yes, sp	ENOENT OF NISPA	PANIC ORIGIN? (Specify Yea or No.— 14. RACE Black				American Indian, hita, stc.			
	15. DE	CEDENT'S EDI	UCATION	W II 160	. DECEDENT'S				16	b. KIND OF BU	SINESS/INDUS	TRY	WILLE
COMPLETED	(Specify of Elementary/Secondary	nly highest grad	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	at of working					
	4th				(Ret)	Upho	olste	r	l I	ederal	Gove	rnme	ent
5	17. FATNER'S NAME (First,	Middle, Last)						16. MOTNER'S N					
	Thomas	Steve	n Dubre	е				Flore	nce	Boyd			
	19a. INFORMANT'S NAME	(Type/Print)			19b. MAILIN	G ADDRES	S (Street	and Number or Runa			n, State, Zip Co	ode)	
2	Mrs. Glady	vs M.	Dubree		642	N. S	toke	s St.,	Havr	e de C	Frace.	MD	21078
	20a, METNOD OF DISPOSI 1 Surial 2 Cremat 4 Donation 5 Oth	ITION tion 3 - Ren		of ceme	ACE ANO DAT	E OF DISF	POSITION	(Name	OA.	TE 20c. LO	CATION — CH	y or Town,	Stata
	21, SIGNATURE OF FUNER		ICENSEE	- 1 NO	ck Ru			OPY	ACILITY	22 Rc	ock Ru	in, i	VID
	عيالا	Oven.	22	₽C		I I	Mitch Havr	ell-Smit	h Fu	ineral MD	Home, 21078	P. A	A.
	23. PART I. Entar tha								-				Approximate
	IMMEDIATE CAUSE (F disease or condition resulting in death)		sbue m	dia		Me	it						Interval Between Onset and Death
CENTIFICATION	Sequentially list cond if any, leading to Imm cause. Enter UNDEAL CAUSE (Disease or in that initiated events resulting in death) LA	nediate LYING ajury	c	O (OR AS A CO									
ان	PART II. Other signification	cent condition	ons contributing to	o death but r	not resulting	In the u	nderlyin	g cause given l	n Part I.	24a. WAS AM PERFO 1 PES	RMED?	AN CC	ERE AUTOPSY FINDINGS BALLABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 NO
PHTSICIAN: MEDIC	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		- 1 [] 001	OTHE	R:	LACE OF DEATH (C				<u> </u>	
	27. MANNER OF OEATN		1 X Inpatient 2		26b. TI		_	ne 5 🗆 Rasidence	-	er (Specify)	IN HIRV OCCU	DED	
	\	Pending Investigation	(Month,	Day, Year)		IJURY M	W	YES 2 NO	260, 01	ESCHIBE NOW	INJUNY OCCU	HED	
	3 Suicide 6 A Nomicide	Could not be detarmined	28e. PLACE building	OF INJURY — ; , stc. (Specify)	At home, farm,	street, fac	ctory, offi	ca .	26f. LO	CATION (Street y or Town, State	and Number or)	Rural Rou	te Number,
COMPLE	onni		SICIAN: To the best of										nd manner as stated.
4	29b. SIGNATURE AND TIT	LE OF CERTIFI	ER Brian	Ty	les u	r.D		29c. LICENSE NI	UMBER 157		N 2	SIGNED (M	onth, Day, Year)
2	30, NAME AND ADORESS	OF PERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (3/r	e Print)	•						

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D.

Union

Yeo.

Brian T.

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UK; Affer this certificate has been signed by the attending physician and compressly timed in by the	ifter death with the State Dept., of Health and Mental Hygiene prior to burial, cremation, or remove	'8 is marked, or item 23 shows any injury, or other traumatic event, the medical

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	FOR 1 STATE	STATE OF I	MARYLAND /	DEPAR	RTMENT	OF HE	ALTH AND I	MENTAL H	IYGIEN	E	91	19525	
	REGISTRAR		CE	RTIF	ICATE	OF I	DEATH	P	EG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DEATH	AY	EAR 3	. TIME OF DEATH	
	Marie	1	Yvonne		Dumor	7		July		, 199	_	10:20 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les 92		IF UNDER		IF UNDER 24 HRS.	7. DATE OF I (Month, De			BIRTHPL Country)	ACE (State or Foreign	
- 1	213-74-0170	1 M 2XXF	92	YRS.				8, 1	899	Cana			
OR	9e. FACILITY NAME (If not institution, give 5609 Linwood Courses) The second se				_	nham	LOCATION OF O	EATH		Prin		eorge's	
DIRECTOR	10a. STATE 10b. COUNT		e's	-	ry, town o		DN .			11/2	Od. INSIDE CITY LIMITS? YES 2 NO		
FUNERAL	100. STREET AND NUMBER 5609 Linwood Cou	rt					0706	10g, CITIZEN O U.S.				AT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried XX Widowed 4 Divorced	FORCES?	T EVER IN U.S. ARMED YES 222NO WAR OR DATES 13. WAS DECENDENT OF HISPA II yes, specify Cuben, Mexicu 1 YES 222NO Specify					can, Puerto Rican, etc.) Bis				American Indian, white, atc.	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	(G	CEDENT'S	s usual or work done or use retired.)	CCUPATION during most	of working			SINESS/INDU	STRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) Ephrem Pelletier						18. MOTHER'S NA Leonti	ME (First, Midd	lle, Maiden	Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) Cosette Dumont						t.,Lanh				000) 0706		
. 3	206. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 × Removal from State 4 Donation 5 Other (Specify) St. Agnes Cemetery, crematory or other place) 21. SIGNATURE OF THE RAL SERVICE CICENSEE 206. PLACE AND DATE of DISPOSITION (Name of City or Town, State of Competery, crematory or other place) St. Agnes Cemetery 7-5-91 Albany, New York 21. SIGNATURE OF THE RAL SERVICE CICENSEE												
	21. SIGNATURE OF FUNCAL SERVICE P	LUC S	Kind	1								and 20706	
	23. PART I Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	a acer	te care	oeth. Do	cent	the mod	e of dying, aud	fai	Ly /	liratory arre	st,	Approximata Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· gene	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	d.	2/1	210 210	Jales Jales	vuso voi	eut.	as C	156	6fe	
_	PART II. Other significant condition	one contributing t	o death but not	resulting	in the ur	nderlying	cause given in		PERFO		1 6	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
N: ME								-1			1	1 YES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHEI	R:	S XIX esidence		ipecify)				
BY PH	27. MANNER OF DEATH 1 🛣 Neturel 5 🗌 Pending 2 🗍 Accident investigation									INJURY OCC	IRED		
E	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At hig, atc. (Specify)	ome, farm	, street, fac	tory, office		281. LOCATI City or	ON (Street Town, State	end Number o	r Runal Ro	ute Number,	
COMPLET	29e. CERTIFIER (Check only one) 1 **DCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 **MEDICAL EXAMINER/On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.												
BE	296. SIGNATURE AND TITLE OF CONTIN	ten					29a. LICENSE NU					Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH ATE	FM 27) (%	no Print)	SUITE		-					

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Suite B
David Anders, M.D. 8824 Cunningham Dr., Berwyn Heights, Maryland

DHMH-16 Rev 1/89

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TO THE MOSPITAL OR ATTENDIT TO THE FUNERAL DIRECTOR: AN be filed within 72 hours after de IMPORTANT: If item 28 is

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31. DATE FILED (Month, Day,

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Pages 1, 2, 3 should

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	em 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH MONTH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 27-91 YEAR Morell Depro OBERT 11 A M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday)
7 3 YRS. 7. DATE OF BIRTH (Month, Day, Year) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 6-17-18 MONTHS DAYS HOURS 1 M 2 - F 577-01-7435 Washington 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH COUNTY OF DEATH -9 m UST 103 720 ave Hyattsville DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE IOc. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince MD Hyattsvill 1 TYES 2 | NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? cupi 103 20781 U.S.A 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 XYES 2 NO 14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2, Married If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES spools hite BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondary (0-12) 12th Ret. Commissioner District Court. St. of Md 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Morell Depro Dorothy Clements BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Betty May Depro 5720 29th Ave., #103, Hyattsville, Md. 20782 20a. METHOD OF DISPOSITION

1 CX Burial 2 Creretion 3 C 4 Donation 5 State (Specify). 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE 3 - Removal from State of cemetary, crematory or other preser,
Parklawn Cemetery Rockville. Md 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Gasch's Funeral Home - 4739 Baltimore Ave. Hyattsville, Md. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiretory strest, shock, or heart failure. List only one cause on each line. Approximate rvai Betwee IMMEDIATE CAUSE (Final **Onset and Death** disease or condition minutes resulting in desth) DUE TO (OR AS A CONSEQUENCE OF): Terio sclanotio CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY MEDICAL 1 TES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA EXAMINER? OTHER: ng Home 5 Assidence 6 Other (Specify) 1 YES 2 NO 4 🗆 Nurs 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED nth, Day, Year) 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 6 Could not be datermined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the besis Deputy Medical 29h SIGNATURE AND TITLE OF CERTIFIER 29d DATE SIGNED (Month Day Year) 29c. LICENSE NUMBER BE 0125 Examin

DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

Davidson-Randall

15

DHMH-16 Rev 1/89

Rd Hyattsville MD 2018,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	mainer by the hospital or attending physiolan.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral denotes parts about the transit permit. Pages 1, 2, 3 should have after death with the State Deut of Health and Mental Hydiene brior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
*	MORE.	. Page 6 merape	ral director, page	niner must be
1	BAL	hours after death	ed in by the fune or removal.	medical exam
	(68760,	executed within 24	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral bound after the State Divid of Health and Mental Hociene prior to burial, cremation, or removal.	matic event, the
	P.O. BOX	ath certificate be	ttending physician	or other traus
	ECORDS,	equires that the de	in signed by the a	rows any Injury
	: VITAL R	ICIAN: The law re	the State Dant of	or item 23 sh
	ISION OF	TTENDING PHYSI	TOR: After this c	28 is marked.
-	N/Q	DR A	DIREC	tem

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAN	D / DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENI
	CERTIFICATE	OF DEAT	TH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HEALT		AL HYGIENE REG. NO.	31 130-
1. DECEDENT'S NAME (First, Middle, Last) DARRYL	R		DUCKETT	2. DAT 06 MON	E OF DEATH 19 22 PAY 19	9'gar 9:40 A
SOCIAL SECURITY NUMBER 218 84 3422	1 📉 M 2 🗆 F 2	9 YRS.	HOUR	June	e 19, 1962	a. BIRTHPLACE (State or Foreign Country) Washiington DC
COUTHERN MARYIAND ABSIDENCE OF DECEMENT			CLINTON	ATION OF DEATH		INCE GEORGE
0s. STATE 10b. COUNTY	Georges		cenham			10d. INSIDE CITY LIMITS? 1 XYES 2 NO
oo. street and number 10208 Farrar Aver	nue		101. ZIP CO	623		ted States
II. MARITAL STATUS Never Merried 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 📉 NO		ben, Mexican, Puerte	IN? (Specify Yes or No o Ricen, etc.)	14. RACE — American Indian, Black, Whits, etc. Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during most of wo	rking	bb. KIND OF BUSINESS/INI	DUSTRY
12		Hosp. For	od Service	P	rivate	
7. FATHER'S NAME (First, Middle, Last)			10. M	OTHER'S NAME (First	, Middle, Meiden Surname)	
SIDNEY DUCKETT				HIRLEY T		
IS. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000	and the second		mber, City or Town, State, Zi	
	FATHER)				tenham,Mary	
De. METHOD OF DISPOSITION XBurlel 2 Cremetion 3 Remo Donetion 5 Other (Specify)	rval from State	ob. PLACE AND DATE Of cemetary, crematory or Grace U.M.	other place)		28 FT. WASH	City or Town, State
I. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE O	M859		RESS OF FACILITY	E FUNERAL H	
MMEDIATE CAUSE (Finel disease or condition esulting in death)	MULTIPLE DUE TO (OR AS	INJURIES A CONSEQUENCE OF):				Onset and Dea
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE OF):				
PART II. Other algorificent condition	a contributing to deeth	but not resulting in	the underlying caus	e given in Part I.	24a. WAS AN AUTOPSY PERFORMED?	AMAILABLE PRIOR TO
					1 XYES 2 - NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: V		26. PLACE 0 DTHER:	F DEATH (Check only		
1. MANNER OF DEATH 1. Netural 5. Pending	28a. DATE OF INJURY (Month, Day, Year 6-22-199	Y 28h TIME (OF 28c. INJURY A	28d. E	EŞCRIBE HOW INJURY O	CCURED /AUTO IMPACT
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, ferm, stre	eet, factory, offics		CATION (Street and Number 10 FRANK TI	
and and	CIAN: To the best of my kno					ated. the cause(s) and manner as stated.
POD SIGNATURE AND TITLE OF CERTIFIER	HMD		C	ICENSE NUMBER		TE SIGNEO (Month, Day, Year) -23-1991
DONALO G. WRIGHT, MI	U COMPLETEO CAUSE OF I	DEATH (ITEM 27) (Type, P	mnt)			

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HOVAII.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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🚁 filed within 72 hours after death with the State Dept. of Hearth and Mental Hygiene phor to burial, cremation, or removal,	TANT
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Las		CERTIFIC	CATE OF DEATH	REG. NO).	
1. DECEDENT'S NAME (PIST, MIGGIE, CIIS	Thi 3	DANG		2. DATE OF DEATH	4 9	3. TIME OF CEATH
4. SOCIAL SECURITY NUMBER 216-94-2647	5. SEX 6. /		F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	- 19 V	BIRTHPLACE (State or Foreign
99. FACILITY NAME (If not institution, give 6200 Crain Highw			Bowie	DEATH	PRIN	OF DEATH
RESIDENCE OF DECEDENT					1. ~(~	(6 0.00.44
10a. STATE 10b. COUN			TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	gomery	Silv	er Spring			1 XXYES 2 NO
13010 Georgia Av	enue		101. ZIP COOE 20906		110	States
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 IN ON IT YES, GIVE WAR ON IT YES, GIVE WAR ON IT YES, THE TOTAL	YES 2 NO	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Maxi- 1 YES 2 NO Specify NO	can, Puerto Rican, etc.)	es or No— 14.	RACE — American Indian, Black, White, etc. Specify: Asian
15. OECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BI	JSINESS/INDUS	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak		Own Ho	me	
17. FATHER'S NAME (First, Middle, Last) Hoai Van Dang				Thi Nguyen		
194. INFORMANT'S NAME (Type/Print) Thi-Phuong Chua	ng		DDRESS (Street and Number or Rura rain Highway B			de)
20e. METHOD OF DISPOSITION 1 Burlal 2 X Cremation 3 Re	moval from State	20b. PLACE ANO OATE (of cemetary, crematory of	other place)		OCATION — City	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ICENSEE	Metropolit	an Crematory 22. NAME AND ADDRESS OF	6/16 Ale	xandria	,VA
▶ Robert E.	Evans	Poer	Beall-Evans 16000 Annapo	Funeral Ho		20715
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	· Arten	AS A CONSEQUENCE OF:	Infanch' Cardiovasce	on Dise	bH?	years
CAUSE (Disease or injury that initisted events resulting in death) LAST	DUE TO (OR	AS A CONSEQUENCE OF):				
PART II. Other algorificent condition	ona contributing to dea	ath but not resulting in	the underlying ceuse given		IN AUTOPSY DRMEO? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	1		26, PLACE OF OEATH (Check and anel		
EXAMINER?	HOSPITAL:		OTHER:			
27. MANNER OF DEATH	28a, DATE OF INJ	URY 28b. TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUP	REO
2 Accident 5 Pending Investigation		(Sar) INJU	M 1 YES 2 NO	28f. LOCATION (Street	t and Number or	Dural Davis Mussber
3 Suicide 8 Could not I 4 Homicide determined	building, atc.	(Specify)	uer, lactory, office	City or Town, Stell	(e)	runu rioug runnos,
cool only			at the time, data and place, and d			
296. SIGNATURE AND TITLE OF CERTIF	on Des	Sty Wede	29c LICENSE N	NUMBER 2	29d, DATE 8	GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OF DEATH (ITEM 27) (Type, I	Print) AND Rel A	Latter 1	M 2	40781
31. DATE FILED (Month, Day, Year)	Se 32 MEGISTRAR'S	SHOWERE	23.0	AND AL ALING		- /

BALTIMORE, MARYLAND 21203-3146	4 hours after death, Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit in, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MOUTH DAY YEAR 1927												
	4. SOCIAL SECURITY NUMBER 215 4448 519	5. SEX 1 M 2 F	6. AGE (In yrs. In	st birthday)	F UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	08	Count	HPLACE (State or Form		
TOR		treet and number)	. Hos	P	1		R LOCATION OF DE	0-	-0	UNTY OF O	DEATH		
DIRECTOR	10a. STATE 10b. COUNTY	·G		10c. CITY,			on ville				10d. INSIDE CITY UMITS? 1 NES 2 N		
FUNERAL	100. STREET AND NUMBER 4202 Gallatin Street 101. ZIP CODE 20781 U.S.A												
BY FUN	11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2		lf y	es, spe		IIC DRIGIN? (Specify n, Puerto Rican, etc.)	Yes or No—	Spec	E — American Indian k, White, etc. ://y: Casian		
LETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 6 +) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)							NOUSTRY					
BE COMPL	10th Printer U.S. Gov't. 17. FATHER'S NAME (First, Middle, Last) Edwin Augustus Dent Roberta Calvert												
TO B	Mrs. Hayu C. Der		4	202 Ga	llat	in	Street,	Hyattsvi	11e,	Md.			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation / 5 Other (Specify)	other p	Mace)	ncoln Cemetery Brentwood, Ma					Maryland				
	amgiguarum or Fukenas service us	Du-	nos.					S SONS F					
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST B. DUE TO (OR AS A CONSEQUENCE OF): The discharacter of the consequence of th												
MEDICAL CE	PART II. Other significant condition	a	death but not	resulting in	the und	erlying	cause given in	Part I. 24a. WAS PERI	AN AUTOPS' FDRMED?		b. WERE AUTOPSY FINI MAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO		
SICIAN: N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:		ACE OF DEATH (Ch						
BY PHYS	27. MANNER OF DEATH 1 Netural 8 Pending	1 ☐ YES 2 ☐ NO							HOW INJURY OCCURED				
ED	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,				
LAJ	29e. CERTIFIER (Check only one) 20e. CERTIFIER (Check one) 20e. CERTIFI												
COMPL	000) 2 MEDICAL EXAMINE	11	skamtnetton and/or	THE STREET			2000 1211201 100				s) and manner as sta		
TO BE COMPLET	29b. SIGNATURE AND TITLE OF CENTRE	h-	_				286. LICENSE HUI	9/			(s) and manner as state D (Month, Day, Year)		
BE	000) 2 MEDICAL EXAMINE	HO COMPLETED CAU	_	EM 27) (Type,)		4		gulens	29d. D/				

-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF	DEATH	RI	EG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) RARBA	RA D	Avis			2. DATE OF D	EATH DAY 7	YEAR 3.	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 577-34-9941	5. SEX 6. AGI		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BI (Month, Day 4-2,4	IRTN : Year) 29	a. BIRTHPLA Country) Tenn	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give s	treet and number)	96	CITY, TOWN	OR LOCATION OF DE			INTY OF DEAT	
	So MANY/AT	11	PITAL	C	LINTON		171111	RINCH	
DINECTOR	Md. Pri	r ince George'		own or loca linton	TION				1. INSIDE CITY LIMITS? YES 2 TOWNO
ENAL	10e. STREET AND NUMBER BOX 75			10	1. ZIP CODE 20735			IZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No 14. RACE								Black, W	American Indian, hite, etc. White
3	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S USI (Give kind of work	UAL OCCUPATI	ON of working	16b. KINI	D OF BUSINESS/IN	DUSTRY	
COMPLEIED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Assistant	tired.)		Am	erican S Bank	Securit	У
	17. FATHER'S NAME (First, Middle, Last) Edgar Hooper					ME (First, Middle O. Vin	, Maiden Surname) ISON		
DE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural i	Route Number, C	ity or Town, State, Zi	ip Code)	
-	John W. Davis		Same	as 10	a-10f.				
	20a, METNOD OF DISPOSITION 1 © Burlel 2 □ Cremation 3 □ Rem 4 □ Donation 5 □ Other (Specify)	loval from Stale	20b. PLACE AND DATE OF of cemetary, crematory, or Riversid	DISPOSITION other place) e Ceme	tery 6-	DATE 22-91	20c. LOCATION -		
	21. SIGNATURE OF PUMERAL SERVICE LIN	DAL	/	6633	on Md. 2	ander E			,Inc.
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	leys	can	er			Onset and Death
		d							
IEDICAL	PART II. Other aignificent condition	ne contributing to deeth	but not resulting in t	he underlyin	ng cause given in		PERFORMED? YES 2 NO	AM CC DF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
W									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (CH	eck only one)			
	1 YES 2 10	HOSPITAL:		THER:	me 5 🗆 Residence	6 Other (Sp	ecify)		
Y PHYSICIAN:	27. MANNER OF DEATN 1 Natural 5 Pending Investigation	26a, DATE OF INJUR (Month, Day, Yea	ry 28b. TIME C	Y W	JURY AT ORK? YES 2 NO	28d. DESCRI	BE NOW INJURY O	CCURED	
IED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJU building, atc. (S	JRY — Al home, farm, stre (pecify)	el, factory, offi	Ca		N (Street and Numb wn, State)	er or Rural Rout	e Number,
COMPLE	one)	SICIAN: To the best of my kn							nd manner as stated.
2	29b. SIGNATURE AND TITLE OF CENTIFIE	R Dela			29c, LICENSE NU	MBERT	29d. D/	TE SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pr	I L NT	N NI)	1,	<u> </u>	•
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		7 .010	1 191				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - Just and the death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages hours clearly with the State Dent of Health and Mental Husinean Arion to huital. Changloon of removal.	INCIDENCE AND COURT WITH THE PARTY OF THE PA
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within covers after death. L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbours after death with the state Death of Health and Mental Hislene nitro to brind in Certificial.	
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SIVIS	DIRECTO	and other

	_	REGISTRAR				CEL	THE	AIL	<u> </u>	DEATH		- I	REG. NO.			
		1. DECEDENT'S NAME (First,		C. Dorr	ance							2. DATE OF MONTH	DA		PASY	TIME OF DEATH
		4. SOCIAL SECURITY NUMBI		5. SEX		In yrs. last bi	irthdev) IF	F UNDER 1 YE	AR I	IF UNDER 24 H	ns.	7. DATE OF		1991		:20 A M
1				1 🕅 M 2 🗆 F					YS	- 1	IN.	(Month, D	ay, Year)		Country)	
		546-30-4792	etitution also ei			59	-	h CITY TO	W/N ()	R LOCATION C			ry I,		Calii Y OF DEAT	fornia
483,490,	Œ.	8806 Quiet		D. OILT, 10		Potoma		ın			tgome					
	DIRECTOR	RESIDENCE OF DEC		00 0	_										- 90	1
Sagi	Ä	10a. STATE	10b. COUNTY	*			10c. CITY, T	OWN OR L	OCATI	ION					10-	d. INSIDE CITY LIMITS?
.≝ &		Maryland		Montgome	ry		1	Potom	ac						1 (☐ YES 2 🙀 NO
physician. burial-transit permit. Pages	FUNERAL	10s. STREET AND NUMBER							101.	ZIP CODE				10g. CITIZ	EN OF WHA	T COUNTRY?
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physician burial-tra		11. MARITAL STATUS 1 Never Married 2 X	Mandad	12. WAS DECEDEN FORCES?	T EVER IN	U.S. ARME	D			ENDENT OF HI				or No-	4. RACE — Black, W	American Indian, /hita, atc.
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the hospital o detached for once.	7		,,,,	5+	"	Fore	ian S	Servi	ce	Offic	er	1	Depar	tment	of S	State
detach	COMPL	17. FATHER'S NAME (First, Mi	iddle, Last)							18. MOTHER		E (First, Midd	dle, Maiden	Sumame)		
≥ 8 %	BE C	James Ruy Do	orranc	е						Imog	gene	Bor:	ing			
5 should notified	TO B	19a. INFORMANT'S NAME (7)	ype/Print)			1				nd Number or F						
y be ret lage 5 s	F	Mary Lou Do	rrance			88	06 Qι	uiet	St	ream C	Cour	ct, Po	otoma	c, Ma	rylar	nd 20854
P 20		20a. METHOD OF DISPOSITI		oval from State		other place)			netery, cremator	ry or		20c. LO	CATION — C	lty or Town,	State
		4 Donation 5 Other			:	Pine	Grove	e Cem	et	ery			Mt.	Airy,	Mary	/land
death, Page 6 m funeral director, I.		21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE				22. NAN	ME AN	ID ADDRESS C	OF FACI	Rol	bert	A. Pu	mphre	y Funeral
2 9 7		Michel	20 (4)	. Kul	Lo	M00	348	Rock	Vi.	lle, M	le,	lnc.	2085	0 W. 0-280	Monto 5	gomery Ave.
Be TE		23. PART I. Enter the di		complications the			h. Do not									Approximate interval Batween
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executed and corr to burial,	NO	Sequentially list conditi	ions,			ancer		age I	V							8 months
or to	Ā	if any, laeding to immed causa. Enter UNDERLYI		DOE IC	(UN AS A		· ·	ia +0	72	idney,						İ
	RTIFICATION	CAUSE (Disease or inju		cDUE TO	OR AS A	CONSEQU		10 10	Α.	runey,						
- 6 - 5	E	resulting in death) LAS	Т	4		Bone										
the death y the atten d Mental F	S	DART II Obber election			4 12 - 12											
T So T	EDICAL	PART II. Other significa	int condition	e contributing to	death b	out not rea	iuiting in	the under	riying	g cause giva	in in P	ert I. 2	4a. WAS AN PERFOR		AV	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
# B# #	ă											— I ¹	YES 2	M NO		OMPLETION OF CAUSE F DEATH?
requires sen sign of Hea	Σ											_			1	YES 2 HO
e law requals been Dept. of 23 sho	AN	25. WAS CASE REFERRED TO	O MEDICAL	1				1,7	20 5	ACE OF THE	M M					
SICIAN: The law requirection of the State Dept. of the State Dept. of the trem 23 sho	PHYSICIAN:	EXAMINER?	O MEDICAL	HOSPITAL:	□ En/o			THER:		LACE OF DEAT		, ,				
certific the S	HYS	27. MANNER OF DEATH		1 Inpatient 2			28b. TIME (_	n 5 XReelds	ence 8			NJURY OCC	URED	
this with		1 Natural 5	Pending		Day, Year)		INJUR	SA.	WO	PRK?	ю					
OR ATTENDING F DIRECTOR: After I hours after death tem 28 is mar	ВУ	a Datette	investigation Could not be	28a. PLACE	OF INJURY	Y — Al home	a, farm, atre	eet, lactory,	office			28I. LOCATI	ION (Street a	and Number	or Rural Rout	te Number,
CTOR: after	COMPLETED		datermined	building	, atc. (Spe	спу)						City or	Town, State)			
OR A DIREC hours item	7	29a. CERTIFIER (Check only	TIFYING PHYS	ICIAN: To the best o	f my know	vledge, dast	h occurred	at the time	, deta	and place, an	d due t	the cause	(a) and mer	nner aa state	d.	
The Hospital The Funeral filed within 72 h Portant: If I	WC	Condon only		and the second second												nd menner as stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7 IMPORTANT:		29b. SIGNATURE AND TITLE	OF CERTIFIE	R						29c. LICENS	E NUMI	BER		29d. DATE	SIGNEO (M	fonth, Day, Year)
THE THE POINT	BE	Ales	000	Mari	ti.					7	392	83		▶ , _{T11}	lv 1.	1991
P P B S	임	30. NAME AND ADDRESS OF		O COMPLETED CAL	JSE OF DE	EATH (ITEM	27) (Type, Pr	rint)			-			0 0	<u>-, -,</u>	1001
0+1		Alison	Martin	n, M.D.,	540	l Wes	stern	Ave	nue	e, N.W.	.,	Washi	ngtor	n, D.	2. 2	0015
		31. DATE FILED (Month, Day,		32. PEGISTR	AR'S SIGN	NATURE										
		JUL 2	791	guna	wand	ma Ra	ndell									
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O THE HOSPITAL ON ALLENDING PHYSICIAN; The law requires that the death certificate be executed whitin 24 from Safet death. Mays o may be retained by the incipital of attending physician	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tin	72 h	16 11
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31. DATE FILED (Month, Day, Year)

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	FOR STATE REGISTRAR	STATE OF M				T OF HEAD		MENTAL		E		
	1. DECEDENT'S NAME (First, Middle, Last)		CI	-RIII	ICATI	L OF DI	AIII	La DATE	REG. NO.		10.7	IME OF DEATH
			1	1	1-		7	MONTH			AR	
	4. SOCIAL SECURITY NUMBER		V	7	151	Aro		7. DATE O	- 9	9		1.10 bu
			8. AGE (In yrs. las		IF UNDER		JRS MIN.	(Month,	Day, Year)		Country)	E (State or Foreign
	216-09 0014	1X M 2 F	76	YRS.					. 1,]	914 Ma		
	9a. FACILITY NAME (If not institution, give at	-			9b. CITY	Y, TOWN OR LO	CATION OF I	DEATH		9c. COUNTY	OF DEATH	
B	Hill Haven Nu	rsing Hom	ıe			Ade1ph	i			Pri	nce	Georges
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 CIT	V TOWN	OR LOCATION					104	INSIDE CITY
Œ		nce Georg		14.111		10					100	LIMITS?
9	100. STREET AND NUMBER	nce Georg	es	Ade	1phi	_						YES 2 NO
¥.						10f. ZIP		0.0		10g. CITIZEN		COUNTHY?
FUNERAL DIRECTOR	10113 Towhee Drive						207			USA		
ᆵ	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	XYES 2 1	MED 10		WAS DECENDE				or No- 14.	RACE - A	merican Indian, Ita, etc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES			1 YES 2 (2	NO Spec	olfy:		- 1	Specify:	White
								Lon	100			
	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ive kind of	work done	during most of	working	166.	KIND OF BU	SINESS/INDUST	RY	
۳	Elementary/Secondary (0-12)	College (1-4 or 5+) 1 year						,,,	0 17			
COMPLETED		1 year	CIITE	T CO	IIIIII U I	iation			S Navy			
	17. FATHER'S NAME (First, Middle, Lest)	iam Disha				16.		IAME (First, M		Sumame)		
띪		Tam Disha						Dora .				
٥	19e. INFORMANT'S NAME (Type/Print)		.19							n, State, Zip Coo		
	Dorothy M. Disha	roon	7						_	id. 2		
	20a, METHOD OF DISPOSITION 1 □XBurlal 2 □ Cremation 3 □ Rem	oval from State	other of	acel (ece		ame of cometer				CATION — City		
	4 Donatton 5 Donat (Specify)	- A	Ar	ingt		NAME AND A			Ar	ington	, VA.	•
	1/1/5	T //	///		Hin	es/Rin	aldi	Funera	al Hon	ne		
	MILLON	KINA	la		1	1800 N	.H. A	ve.,	Silver	Sprin	g, Me	d. 20904
	23. PART i. Enter the diseases, or eshock, of heart failure.	complications that	caused the de	eath. Do 1	not enta	r the mode o	of dying, su	ich as card	iec or resp	iratory arrest	. 1	Approximats interval Between
	IMMEDIATE CAUSE (Final	cist only one ceus	se on wach line									Onset and Death
	disease or condition	. ALTZ	HEIME	RUS	1	151-7A	SE				- 1	
	resulting in death)		OR AS A CONSE			1,70						
z		h									- 1	
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):							
3	cause. Enter UNDERLYING	C										
E	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE O	F):							
臣	resulting in death) LAST	d										
0	PART II. Other significent condition	a contributing to	death but not	re auttina	in the u	nderhina sa	use obeen l	in Bact I	24e. WAS AN	AUTOBOV	DAL WEE	RE AUTOPSY FINDINGS
MEDICAL	RHEWMATOID ,			osumy	iii uie u	ilderlying ca	dee giveii i	m Fant I.	PERFO		AMAI	ILABLE PRIOR TO
ă	PACOUNTIONS	TIOI HIOLII	1		-			—	1 TYES	NO		DEATH?
M	PAPEKINSON'S	MSET	The state of the s								1 🗆	YES 2 NO
PHYSICIAN:											<u></u>	
ᅙ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHE		OF DEATH (Check only on	e)			
\X	1 YES 2 NO	1 Inpetient 2		_	4 52 100	irsing Home 6		_				
표	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF (Month, Da		28b. TIR	JURY	28c, INJURY WORK?		28d. DE\$	CRIBE HOW	INJURY OCCUP	ÆĐ	
B	2 Accident Investigation				M		2 NO	-				
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building,	INJURY — At he atc. (Specify)	ome, farm,	street, fa	ctory, offica			ATION (Street or Town, State	and Number or .)	Rural Route	Number,
	- C Indination Octavities	1										
COMPLET	CHOCK ONLY	ICIAN: To the best of	my knowledge, d	eath occur	red at the	time, date and	place, and d	lue to the cau	se(a) and ma	nner as stated.		
8	one) 2 MEDICAL EXAMINE	R: On the basis of an	amination and/or	Investigati	on, in my	opinion, death	occured at ti	he time, data	and place, a	nd due to the c	ause(s) and	J manner as stated.
0												

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HAMPILIA GVE SILVET Spring Md.

32. REGISTARY'S SIGNATURE

JUNE DEUTAMORE

JUNE DEUTAMOR

DHMH-16 Rev 1/89

1 a

IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

'91

8 111.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (Fin		Α.	Dow.	ling						TE OF DEATH	DAY 7	GIAR GI	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 161 34 534		5. SEX	1/	S. AGE (In yrs. I	st birthday) YRS.	MONTHS E		IF UNDER 24 HRS. HOURS MIN.	(N	TE OF BIRTH Porth, Day, Mean ril 12	,1905	COU	THPLACE (State or Foreign intry) insylvania
9a. FACILITY NAME (# not Suburban H	Hospita		umber)				thes	LOCATION OF DI	EATN			Mont	gomery
100. STATE Maryland	ryland Montgomery				10c. CITY, TOWN OR LOCATION Bethesda								10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBE					10f. ZIP CODE 20814				1112				WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Merried 2 2 3 Widowed 4 Di		FOR	CES? 1 [EVER IN U.S. A		If y	yes, spec	NDENT OF HISPAI city Cuben, Maxica 2 3 NO Specif	in, Pue		Yes or No-	Bi	CE — American Indian, ack, White, etc. ecity: White
	ECEDENT'S ED only highest grad (0-12)	te completed) (1-4 or 5+)		(Give kind of lie. Do NOT u	s usual occ work done dur see retired.)	ring most			Dunmo			District
17. FATHER'S NAME (First, Andrew I.		У						Ellen				9)	
190. INFORMANT'S NAME Richard J.		ng						d Number or Rural Lane, B					20814
20s, METNOD OF DISPOS 1 P Burlal 2 Crema 4 Donestion 5 Oth 21. SIGNATURE OF FUNE	tion 3 Remover (Specify)	J. L.	Δ	of cemeta St.	ry, cremator Cathe	Wis	Ceme	7-letery ADDRESS OF FA	-Ch	Rober evy Ch	t A. ase, esda,	Pump Inc. Mar	nnsylvania hrey Funer 7557
1 P Burlel 2 Creme 4 Donetion 5 Oth 21. SIGNATURE OF FUNE 23. PART 1 Entry the 1 Dock or 1 MMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list cond	diseases, or heert fellure	Complica	tions that y one caus	M00689 caused the e on eech li	deeth. Do	y or other place rine (22. N/HOM Wis	Ceme AME AND Ne/B SCON	7-letery ADDRESS OF FA	-Ch	Rober evy Ch , Beth	t A. ase, esda,	Pump Inc. Mar	nnsylvania ohrey Funera 7557 ryland 2081 Approximate Interval Between
1 P Burlal 2 Crema 4 Donetion 5 Oth 21. SIGNATURE OF FUNE 23. PART I Burn the book or IMMEDIATE CAUSE (I disease or condition resulting in deeth)	diseases, or heert fellure	Complica	tions that one cous	of cemeta St. M00689 caused the e on eech lite	deeth. Do ne.	y or other place rine 22. NM HOM Wis not enter th	Ceme AME AND Ne/B SCON	7-1 etery D ADDRESS OF FA ethesda sin Ave	-Ch	Rober evy Ch , Beth	t A. ase, esda,	Pump Inc. Mar	nnsylvania ohrey Funera 7557 ryland 2081 Approximate Interval Between
1 P Burlel 2 Creme 4 Doneston 5 Oth 21. SIGNATURE OF FUNE 23. PART I Entre the book or iMMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list cond if eny, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L	diseases, or heert feilure	r complica c. List only b	DUE TO (c)	of cemeta St. M00689 caused the e on each literature on each literat	deeth. Do ne.	y or other place rine 22. NM HOM Wis not enter th	Ceme AME ANT Me/B SCON he mod	etery Address of FA ethesda sin Average of dying, such	Ca	Robert Chy Ch, Beth cardisc or re	t A. ase, esda,	Per Pump Inc., Man srrest,	nnsylvania Dhrey Funera 7557 Cyland 2081
1 P Burlel 2 Creme 4 Doneston 5 Oth 21. SIGNATURE OF FUNE 23. PART I Entre the book or iMMEDIATE CAUSE (I disease or condition resulting in deeth) Sequentially list cond if eny, leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in deeth) L	diseases, or heert feilure dittions, nedlete Lying hury	r complica , List only b d ons contril	DUE TO (c)	of cemeta St. MO0689 caused the e on each literature on each literat	deeth. Do ne.	y or other place rine (22. Number 14 Portion of the place	CemeCemeCemeCemeCemeCemeCemeCemeCemeCem	etery Address of FA ethesda sin Average of dying, such	nue Ca	Robert Ro	DSCOW t A. ase, esda, spiratory AN AUTOP- FORMED?	Per Pump Inc., Man srrest,	Approximate Interval Between Onset and Delivery Funeral Between Onset and Delivery Finding Available PRIOR TO COMPLETION OF CAUSE OF DEATH?
1 Burlal 2 Crema 4 Donetion 5 Oth 21. SIGNATURE OF FUNE 23. PART Lithing the buck or simple of the buck of the buc	diseases, or heert feilure final distinas, nedlete Lying flury as To Medical Dro Medical Investigation	c	DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1) DUE TO (1)	of cemeta St. MO0689 caused the le on each lit CR AS A CONS DR AS A CONS DR AS A CONS DR AS A CONS ER/Outpatient NJURY (Year)	deeth. Do ne. SEQUENCE C	or other place rine (22. N/m Hom Wis not enter the Corp.: OF): OTHER: A Nursh ME OF LUURY M	ce) Ceme Ame and be a con the mod legistrying 28. PL 1: mg Homes 1: mg Homes 1: mg Homes 1: mg Homes 1: mg Homes	Total Part of the state of open and the state of the stat	nue ch se con la part	Rober Robert CV Ch, Beth, Beth Cardisc or re	AN AUTOPFORMED?	Pump Inc., Man srrest,	Approximate interval Between Onset and Des Conset a
21. SIGNATURE OF FUNE 23. PART I I Entry the rock or immediate CAUSE (I disease or condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) Sequentially list condition resulting in deeth) PART II. Other signification in deeth Laboratory 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Accident 29 Accident 29 CERTIFIER (Check only)	diseases, or heert feliure final diseases, or heert final di	complice complice contribution	DUE TO (DUE TO	of cemeta St. MOO689 caused the e on each life on each l	deeth. Do ne. SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C	y or other place. Y or other place. Y or other place. Y or other place. 22. NM HOM Wis not enter th OF): OF): OF): OTHER: 4 Nursh ME OF (JURY M) street, factor med at the time.	Cemeame Ame Ame Ame Ame Ame Ame Ame Ame Ame A	To address of Free ethers of Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average of Orange Given In Average Given In Aver	CACHETTAL PART	Rober evy Ch , Beth , Beth Cardisc or re Lui Cev I. 24a. WAS PER 1 YES DOTHOR (Specify) DESCRIBE HO LOCATION (Sir City or Town, S	AN AUTOPFORMED? 3 2 A NO www.injurry manner sa 4, and due to	Per Pump Inc., Man Inc., Man street, Man Street, Man Street, Man Street, Man Street, Man Man Man Man Man Man Man Man Man Man	Approximate interval Between Onset and Del Completion of Cause of Death? 1 PVES 2 No

AT A THE

	REGISTRAR		CERTIFICAT	E OF DEATH	REG. NO	O		
) i	1. DECEDENT'S NAME (First, Middle, Last)	red En	205		2. DATE OF DEATH	DAY QYE	EAR 3. TI	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (In		B DAYS HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) March 3		Country)	E (State or Foreign lvania
DIRECTOR	•e. FACILITY NAME (If not institution, give street Washington Adventi			ty, town on Location of D Takoma Park	EATH	9c. COUNTY Monts		
	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d.	INSIDE CITY LIMITS? VES 2 NO
- 1	100. STREET AND NUMBER	Georges	Bowi	101. ZIP CODE 20715		10g. CITIZEN		COUNTRY?
BY FUNERAL	13111 7th Street 11. MARITAL STATUS 1	. Was decedent ever in 0 Forces? 1 Yes If yes, give war or dat	2 KHO	I3. WAS DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Spec	ean, Puerto Rican, etc.)		RACE — A Black, Whi Specify:	merican Indian, ita, etc.
COMPLETED E	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire Homemak	ne during most of working d.)		usiness/indus:		White
ш	17. FATHER'S NAME (First, Middle, Lest) Francis Leroy Hart	ley	Tromemax		AME (First, Middle, Maid	on Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Marion Peaire	_ (\)	The second secon	ESS (Street and Number or Rura th Street H				3
	20e. METHOD OF DISPOSITION 1	from State FC	PLACE OF DISPOSITION other place) Ort Lincolr	(Name of cametery, cramatory or Cemetery		ocation — cin		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE D.		22. NAME AND ADDRESS OF BEA11-Evans 16000 Annap	Funeral H	Home, P	.A.	
	23. PART I. Enter the diseases, Dr con shock, or heert failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	t only one cause on ea			ch es cerdiec or re	ipiratory arres	t,	Approximate Interval Betwee Onset and Daar
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
EDICAL CER	PART II. Other significant conditions of	contributing to death bu	it not resulting in the	underlying cause given i	PERI	AN AUTOPSY FORMED?	AMA	RE AUTOPSY FINDING ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAN: MET		HOSPITAL:		26. PLACE OF DEATH (1	YES 21 NO
BY PHYS	1 YES 2 PCMO 1 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	e 6 Other (Specify) 28d. OE\$CRIBE HO	W INJURY OCCU	RED	
ETED B	3 Suicide 6 Could not be determined	28s. PLACE OF INJURY building, etc. (Speci	— Al home, farm, street,	factory, office	281. LOCATION (Stre City or Town, St	et and Number or ate)	Rural Route	Number,
COMPLE	Critical only		Senon-Francisco	the time, data and place, and d my opinion, death occured at 1				id manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	Sold	W)	29c LICENSE N	O Z L	29d. DATE	SIGNEO (Mo	onth, Day, Year)
F	RAWH BOCK	-14, mo	14818	PHYSUM	1 40 +	+212	R	ocialle
	31. DATE FILED (MONEY, Class Year)	32. REGISTRAR'S GIGN	antell					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pi be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows eny Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE	0F	MARYLAND	1	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	E
			CI	ERTIFICATE	0	F DEAT	ГН		REG. NO.	

	SIAIL OF MA	ARYLAND / DEP CERT	IFICATE				REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last) Kenneth	Eugene	F	aton			2. DATE OF MONTH	OEATH DAY	YEAI	3. TIME OF OEATH 10:25am
4. SOCIAL SECURITY NUMBER		s. AGE (In yrs. lest birthd		1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	0. B/	RTHPLACE (State or Foreign
543-30-1357	1½ M 2 □ F	59 YR		DAYS	HOURS MIN.		st ₁₉₃	Co Be. COUNTY O	Oregon
15001 Rosecro	VAC HARCHTON IN		99. CITY,		Rockvill		1		ontgomery
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TV	1	-						
Maryland	Montgomer		CITY, TOWN C	OH LOCAL	Rockvi	lle			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
15001 Rosecrof	t Road				208	53		Unite	d States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 S	EVER IN U.S. ARMED YES 2 NO R OR DATES OF CAN		If yes, sp	ENDENT OF HISPAI icity Cuban, Mexico 2 XNO Specif	in, Puerto Rica		No 14. R	ACE — American Indian, leck, White, etc. pecily: White
15. OECEDENT'S ED (Specify only highest grad	UCATION	16a, DECEDEN	IT'S USUAL OF			18b. KI	ND OF BUSIN	ESS/INDUSTR	Υ
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Min On M	OT use retired.)	ouring mo	it of working				
The second secon	5	4	Atto	rnev	7	Ve	teran	s Admi	nistration
17. FATHER'S NAME (First, Middle, Last)	10,000		.,,,,,,		16. MOTHER'S NA				
Fred Er	nest Eaton						Flores	nce E	Lackard
19a. INFORMANT'S NAME (Type/Print)			LING ADDRESS	S (Street a	nd Number or Rural	-			
Patricia Ann E	aton								nd 20853
		20b. PLACE OF OIS				ROCKVI	_	Maryla:	
20s. METHOD OF DISPOSITION 1 Burlel 2 A Cremation 3 Rec	moval from State	other place)					100		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	10711077	Montgom			orium I		Be	thesda	. Maryland
21. SIGNATURE OF FUNERAL SERVICE D	CENSEE +	M003	RC RC	beri ckv	A. Pum lle, In	phrey c. 300	Funera West	al Hom Montg	e/ omery Avenu
23. PART I. Enter the disease of shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	a. List only one caus	e on each line. Malignant OR AS A CONSEQUENCE	: Melan						Approximate Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEQUENC							
PART II. Other significant condition	one contributing to c	leath but not result	ing in the ur	nderlyin	cause given in	Part I 2	LE. WAS AN AL	UTOPSY	
						1			24b. WERE AUTOPSY FINDIN
Ess	sential Hyp	pertension					PERFORM YES 2		24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	Sential Hyp	pertension		26. PI	ACE OF DEATH (C	_ 1	PERFORM		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ	R:	2000	heck only one)	PERFORM TES 2		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL: 1 Inpatient 2 25e. DATE OF (Month, Day	ER/Outpatient 3 DO NJURY 26b. (, Year)	OTHE	R: rsing Hon 28c, IN. WC	URY AT PRES 2 NO	heck only one) 6 Other (5	PERFORM VES 2 [AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 25e. DATE OF (Month, De) 28e. PLACE OF	ER/Outpatient 3 DX	OTHE	R: rsing Hon 28c, IN. WC	URY AT PRES 2 NO	heck only one) 6 Other (S 284, DESCF	PERFORM YES 2 [JURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 20e. CERTIFIER (Check only	HOSPITAL: 1 Inpatient 2 25e. DATE OF (Month, De) 28e. PLACE OF building, a	ER/Outpatient 3 DO NJURY (, Year) INJURY — At home, fa	OTHE DA 4 Nu TIME OF INJURY M Incomplete of the technique	R: raing Horn 28c. INJ WC 1 ttory, office	VEX. 2 NO	6 Other (S 28d, DESCR 25f. LOCATI City or	PERFORM YES 2 [Specify] RIBE HOW INJ HON (Street and Town, State)	JURY OCCURE! d Number or Ru	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 25e. DATE OF I (Month, De) 28e. PLACE OF building, e	ER/Outpatient 3 DC NJURY 26b. INJURY — At home, fe nc. (Specify) my knowledge, death oc amination and/or investi	OTHE A OTHE A Nur TIME OF INJURY M Imm, street, fac	R: raing Horn 28c. INJ WC 1 ttory, office	VEX. 2 NO	6 Other (S 28d. DESCF 254. LOCATI City or a to the cause a time, date an	PERFORM YES 2 [Specify] NON (Street are Rown, State)	JURY OCCURE! d Number or Ru er as stated, due to the cau	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO D and Route Number
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF OEATH 1 X Netural 5 Pending Investigation 2 Accident Investigation of the determined determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpetient 2 25e. DATE OF (Month, Dec.) 28e. PLACE OF building, e	ER/Outpatient 3 DC NJURY 26b, (NJURY — At home, fe vic. (Specify) Thy knowledge, death or amination end/or investi	OTHE A OTHE A Nur TIME OF INJURY M arm, street, fac courred at the r igation, in my of (Type, Print) 1 t g ome 1	R: raing Hon 28c. INJ WC 1 Ittory, office Ilms, date opinion, c	PRESENT OF THE PRESEN	a to the cause of time, date an	PERFORM YES 2 [Specify) RIBE HOW INJ ROWN, State) ON (Street armony, State) (e) and manning place, and	JURY OCCURE d Number or Ru er as stated, due to the cau 29d, DATE SIG	MALLABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO NOTE: The second of the

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this scription has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceedings of the purial-transit permit in the State can be seen and Marial Handers they find in principle of remain.	US BIET USBELL THE DISTRICT OF THE WAS INCOME. THE WAS INCOME. TO SELECT THE WAS INCOME.
ATTENDING PHYSICIAN: The law requ	

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

5

1 - FOR STATE REGISTRAR		STATE OF MARY				EALTH AND I	MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)	JOSEPH	EIS				MONTH	of DEATH DAY	1991	YEAR	7:20 A M
4. SOCIAL SECURITY NUME	ER	5. SEX 6. AGE	(In yrs. last birthday			IF UNDER 24 HRS.	7. DATE O			. BIRTHPLA	CE (State or Foreign
089-07-7760		1 X M 2 □ F 8	2 YRS.		DAYS	HOURS MIN.	June	22, 1		New	
90. FACILITY NAME (If not in Holy Cross						Spring	EATH		14.4	ry of DEATH	
RESIDENCE OF DEC			100.0	STY, TOWN C					110111		I. INSIDE CITY
Maryland	Montge	omerv		nevy (90	LIMITS?
10e. STREET AND NUMBER			1		_	ZIP CODE			10g. CITIZI	EN OF WHAT	COUNTRY?
2709 Spence						20815			-	ted St	
11. MARITAL STATUS 1 Never Married 2 3 XWidowed 4 Divo	Married	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 XNO		f yes, spe	ENDENT OF HISPAN city Cuban, Maxica 2 X NO Specify	n, Puerto R		or No—	Black, Wi Specify:	American Indian, hita, atc. White
15. DEC (Specify onl)	EDENT'S EDUCA y highest grade o	ATION ompleted)	16a. DECEDENT	of work done			16b.	KIND OF BUS	INESS/INDU	ISTRY	
Elementary/Secondary (0	3-12)	College (1-4 or 5+)	Owner/	use retired.) Self	Emp	loved	P	rintin	na Cor	nnanv	
17. FATHER'S NAME (First, M	liddle, Last)		CMITOL/		Limp	18. MOTHER'S NA			_	пратту	
Samuel Eis						Fannie	Lan	ger			
Elizabeth E		un.		NG ADDRESS		nd Number or Rural	Route Numb	er, City or Town	, State, Zip (Code)	
20a. METHOD OF DISPOSIT	ION	20	b. PLACE OF DISE			etery, crematory or		20c. LOC	ATION — C	lly or Town,	Slate
1 Buriel 2 X Crematic 4 Donation 6 Other		val from State	other place)			rematory		Sil	ver S	Spring	g, MD
21. SIGNATURE OF FUNERA	L SERVICE LICE	INSEE	/			Funeral		ices.	P.A.		
12).	the	13. El.	M0082	27 9	33 G	ist Ave	, Sil	ver Šp	ring		20910
	aart fallure. L	iat only one cause on		o not enter	the mod	de of dyling, suc	h ss card	lac or respi	ratory arre	est,	Approximate Interval Between Onset and Death
iMMEDIATE CAUSE (Fit disease or condition resulting in death)	→ a	Metasz DUE TO (OR AS	-atic	hon	-SM	1911 (e//	cance	er og	clung	
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inji that initiated events	tions, diata	NO 17-5 IN DUE TO (OR AS		e//							1/2 4/5
resulting in death) LAS	ST d										
PART II. Other signification		contributing to death					Part I.	24a, WAS AN PERFOR 1 YES 2	MED?	AM CC OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 TO
25. WAS CASE REFERRED 1	TO MEDICAL T					ACE OF OEATH (C)	1				
EXAMINER?	O MEDICAL	HOSPITAL:	rtpetient 3 🗆 DO/	OTHE 4 Nu	R:	5 □ Rasidenca					
27. MANNER OF DEATH	Pending	28a. DATE OF INJURY (Month, Day, Year	28b.	TIME OF INJURY M	26c. INJ WO			CRIBE HOW II	NURY OCC	UREO	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	26e. PLACE OF INJUI building, alc. (Se	RY — At home, far pecify)	m, street, fac	tory, office			ATION (Street a or Town, State)	and Number	or Rural Rout	e Number,
[Critical drilly		CIAN: To the best of my knot: T: On the bests of examinat									nd manner as stated.
29b. SIGNATURE AND TITL	E OF CERTIFIER					29c. LICENSE NU			29d. DATE	SIGNED (M	onth, Day, Year)
6 Len	1817/	Golf.	U.D.			000	70/	1	• /	7/7	191
Lennard G.	Gold,	M.D.	2415	Musgr	ove	Road #30	07, S	ilver	Sprin	ng, M	20904
31. DATE FILED (Month, Day,	*9 1	32. ADGISTRAR'S SIL	SNATURE GARAGE	02							

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1.0

REG. NO.

permit. burfal-transit hours after death. Page 6 may be retained by the hospital or attending physician. **MARYLAND 21215-0020** the as esn Q detached 2 funeral director, page 5 should BALTIMORE, the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal, executed within BOX 68760, OR ATTENDING PHYSICIAN; The law requires that the death certificate be P.O. 1 DIVISION OF WITAL RECORDS, has been signed by Dept. of Health and certificate h with t After DIRECTOR: J

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH VEAD JULY 6 RUTH ESTES 1991 6:05 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F 90 YRS. 18,1900 Pa. 148-01-7569 Nov. 9e. FACILITY NAME (If not institution, give street end number) 96. CITY TOWN OR LOCATION OF GEATH 9c COUNTY OF OFATH DIRECTOR KNOLLWOOD MANOR NURSING HOME MILLERSVILLE ANNE ARUNDEL CO. RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Anne Arundel Millersville TE YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g, CITIZEN OF WHAT COUNTRY? U.S.A. 21108 P.O. Box 408 14. RACE — American Indien, Black, White, atc. 11. MARITAL STATUS 12, WAS DECEDENT EVER IN U.S. ARMEO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-ORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Ri 1 Never Merried 2 Merried 1 YES 2 NO Specify: Specify: BY 3. Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEOENT'S EDUCATION 16b. KING OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5 +) Chamber Maid Hotel once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Charles Mary Kelly Woodson 76 BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Springlake Dr. #12 Bethesda, Md. 20817 Marion Barrett 9 20e. METHOD OF DISPOSITION
1 Device 220 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION — City or Town, State DATE must of cemetary, crematory o Crematory 719/91 Riverdale, Md. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY, W.W. Chambers Co. Inc. 21, SIGNATURE OF FUNERAL SERVICE LICENBEE examiner #670 mer 5801 Cleveland Ave. Riverdale, Md. 20737 medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heart fellure. List pnly one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Finel the disease or condition resulting in death) event, DUE TO JOB AS A CONSEQUENCE OF traumatic CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury other DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 50 Injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? Troko апу 1 TES 2 NO Shows 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) Hem HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 TES 2 NO me 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 8 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as attated. HOSPITAL FUNERAL (= 2 MEDICAL EXAMINER: On the beste of examination end/or TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: II stigation, in my opinion, death occured at the time, date end place, end due to the cause(s) end manner ee stated. 296, SIGNATURE AND TILE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE 202 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Paul 1667 Crofton Center Crofton, Md. S. Rhodes 31. DATE FILED (Month, Day, Year) 32. RESISTRAR'S SIGNATURE JUL

NND e hos	nce.
YLA d be d	d at o
DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 hours after death with the State Dept. or Health and Meria Hyglerle prior to bunal, cremitation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
page	90
ORI e 6 me	must
TIM 1. Pag eral die	iner
SAL r death	exan
rs afte	be filed within 72 hours after death with the State Dept. or Health and Memia Hyglene prior to bunal, cremation, or removal, IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical ex
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, LOR AITENDING PHYSICIAN: The law requires that the death certificate be executed with URECTOR: After this certificate has been signed by the attending physician and complete.	te Dep
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STATE OF MARYLAND	/ DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
	ERTIFICATE	OF DE	HTA		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPART CERTIFI	MENT OF H		MENTAL HYGIEL		
	1. DECEDENT'S NAME (First, Middle, Last) August Ell	liott E	Eccard			2. DATE OF DEATH MONTH		3. TIME OF DEATH 5:22 P M
	4. SOCIAL SECURITY NUMBER 220 44 7265		GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Vashington, D.C.
OR	90. FACILITY NAME (If not institution, give st Holy Cross Hospit				R LOCATION OF DE	ATH	9c. COUNTY Montg	of DEATH Omery
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Mont	tgomery	1,200	thesda	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
RAL	10e. STREET AND NUMBER 4516 Fairfield Dri	ive		101	ZIP CODE 20814			of what country?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	if yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify You, Puerto Rican, etc.)	. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w #Me. Do NOT use Electric	ork done during mo retired.)	st of working	18b. KIND OF 8	USINESS/INDUS	
BE COM	17. FATHER'S NAME (First, Middle, Lest) August Eccard 18. MOTHER'S NAME (First, Middle, Meiden Surname) Alice Holt							
TO B	190. INFORMANT'S NAME (Type/Print) Elliott Eccard					Noute Number, City or To , Wheaton		and 20902
	20e, METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE OF DISPOS other place) Rock Creek	Cemete	ry	Was		n, D.C.
	21. SIGNATURE OF FUNERAL SURVICE LIC	ilen 1	м00689	Wisco	nsin Ave	nue, Beth	esda, M	phrey Funeral 1c. 7557 Maryland 20814
CERTIFICATION	23. PART Lifetter of diseases, or of second contents of the condition resulting in deeth) Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Myocardia DUE TO (OR COROLLA ARTERIOS CA	on each line.	eart Dis		n as cardiac or res	piratory arres	t, Approximate interval Between Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	s contributing to dea	ith but not resulting i	n the underlyin	g cause given in		N AUTOPSY DRMED? 2 M NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 ANO	HOSPITAL:	/Outpatient 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU	bar) INJ	M 1 D	URY AT PRK? YES 2 NO	28d. DESCRIBE HOW		
ETED	3 Suicide S Could not be determined	building, etc.	JURY — At home, farm, a (Specify)	treet, factory, offic		28f. LOCATION (Stree City or Town, Stee		Hurai Houte Number,
COMPLETED	(Check only							ceuse(s) end menner es stated.
TO BE	29b. SIGNATURE AND TITLE OF CENTURE 1	mln (DEATH (ITEM 27) (King	2 Print)	D11024	MBER		y 7, 1991
	John B. Umhau, Jr 31. DATE FILED (Month, Day, Year)	. M.D. 880	5 Connecti		nue, Che	vy Chase,	Md. 20	815
	uu g '01	Lucia Nainds	SIGNATURE AND AND					

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARTEND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mours after death. Page 6 may be required by the law requires that the death certificate has been signed by the attenting physician and completely filled in by the funeral director, page 6 may after this certificate has been signed by the attenting physician and completely filled in by the funeral director, page 6 may be used with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal. **Industrial Programment of the programm	IMPORTABLE LO IS HIGHERY OF HOUR ES SHOWS AND HIGHERY COUNTY AND HIGHERY COUNTY AND HOUSE OF HOUSE AND HOU

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTI	FICATE O	F DEATH	REC	G. NO.			
DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF BEATH	
arma Fr	aSET				7	030	11	11= A	ı
SOCIAL SECURITY NUMBER		B. AGE (In yrs. last birthda			7. DATE OF BIR (Month, Day,	TH March	8. BIRTH	HPLACE (State or Foreig	m
578-96-7080	1 M 2 F	A3 YAS	MONTHS DAY	B HOURS MIN.	11-13	CO		bados	
FACILITY NAME (If not institution, give a	treet and number)	0.5	9b. CITY, TOW	N OR LOCATION OF D	EATH	9c. CO	UNTY OF C		
Meridian Nursir	g Home		Silve	er Spring		M	ontgo	moru	
ESIDENCE OF DECEDENT	ig nome		DIIVE	er opring		PIC	Jiitgo	mery	_
. STATE 10b. COUNT	1	10c. (CITY, TOWN OR LO	CATION				10d. INSIDE CITY	
laryland Prince	George's	5	Forresty	ville				1X YES 2 NO)
. STREET AND NUMBER				101. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?	
546 Oak Glen Way	,			20747		Rai	rbado	· C	
MARITAL STATUS		EVER IN U.S ARMED	13. WAS D	ECENDENT OF HISPA	NIC ORIGIN? (Spe			E — American Indian, k, Whita, etc.	_
Never Married 2 Married	FORCES? 1	YES 2 NO	It yes,	specify Cuban, Mexic	an, Puarto Rican,		Blac		
XWidowed 4 Divorced	IF TES, GIVE W	NO		ES 2 E3 NO Speci	ny.			Black	
15. DECEDENT'S EDU	CATION	18a, DECEOENT	T'S USUAL OCCUPA	ATION	18b. KIND	OF BUSINESS/IN			
(Specify only highest grade Elementary/Secondary (6-12)	College (1-4 or 5+)	Illia Do NO	of work done during T use retired.)	most of working					
12	College (I-4 OI 3 Y)		rant own	ner	Res	tuarant			
FATHER'S NAME (First, Middle, Last)		TREBEUG	Lane. Owl		AME (First, Middle,				_
Richard Gibb	C			The second secon	e Gibbs	mercer Surrame;			
	U								_
. INFORMANT'S NAME (Type/Print)				et and Number or Rural					
inston Phillips		4908	both Ave	enue Hyat			20784		
a. METHOD OF DISPOSITION ☐ Burlal 2 M Cremation 3 ☐ Rem	ovel from State	other place)		cemetery, crematory or		20c. LOCATION -			
Donation 5 Other (Specify)		Suburb	an Crema			Silver	Spri	ng, Md.	
SIGNATURE OF FUNERAL SERVICE LI	CENSEE	4	22. NAME	AND ADDRESS OF F	ACILITY McGu	ire Fur	neral	Service,	
Detime 1	mag	mue	7400	Georgia	AVe., N	I.W.		,	
equentisily list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury set initiated events soutling in death) LAST	c	OR AS A CONSEQUENCE		linvan	San ¿	llu	ė.	Gen	
ART II. Other significant condition	is contributing to	death but not resulting	ng in the underly	ying cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 241	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO	JSE
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	PLACE OF DEATH (C	theck only one)				
1 TYES 2 10 NO		ER/Outpatient 3 🗆 DO	OTHER:	lome 5 - Residence	8 Other (Spec	elfy)			
MANNER OF DEATH	28a. DATE OF (Month, De	INJURY 28b.	TIME OF 28c.	INJURY AT WORK?	28d, DESCRIBE	HOW INJURY O	CCURED		
1 Netural 5 Pending Investigation	(month)	-,,,		YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF	F INJURY — At home, fam	m, street, factory, o	office		(Street and Numb	per or Rural	Route Number,	_
4 Homicide determined	bullaing,	etc. (Specify)			City or Town	n. Stere)			
anel -		my knowledge, death occ						(a) and manner as stat	ed.
SIGNATURE AND TITLE OF CERTIFIE	4	^		29c. LICENSE N	UMBER	29d. D	ATE SANE	D (Month, Day, Year)	
/ Sylim A	Trum	i sil		Med o	405301	•	7/3	151	
NAME AND ADORESS OF PERSON VI	O COMPLETEO CAUS	BE OF DEATH (ITEM/27) (7	Type, Prigt)	1	100	1	-	1 11	-
DATE FILLO (Month, Day, Year)	- Run	m, m	MIL	form of	The C	1 4	7-14	olynda	8
7.1111 8 - 1991	guha I	evidson-Randa	82		V			,	

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ing physician. The burist transit permit. Pages 1, 2, 3 should

BY PHYSICIAN:

COMPLETED

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4 Nomicide

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	FOR STATE REGISTRAR		STATE OF M	MARYLAN				HEALTH AND I	MENTAL	HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First,	Middle, Last)							2. DATE O	OF DEATH		YEAR	3. TIMI	E OF DEATH	
	Ethel May		Fis	her					Jul			91	3.0	00 p	м
	4. SOCIAL SECURITY NUMB 214-09-518	68	5. SEX	6. AGE (In yr	s. last birthday		A 1 YEAR	IF UNDER 24 HRS.	7. DATE C	F BIRTN Day, Year)		8. BIRTI	NPLACE ((State or Fore	eign
	214=09=508		1 M 2 Kg F	76	YRS.	MONTHS	DAYB	HOURS MIN.	4-7-	15			ylan	ıd	
	9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATION OF DE	ATN		9c. COUN	TY OF E	EATN	-	
FUNERAL DIRECTOR	Western Maryla	nd Cent	er-1500 Pa	nnsylva	nia Ave	-	Hag	erstown, Me	aryland	E	W	ashii	ngtar)	_
Ä	10a, STATE	10b. COUNTY	Y			TY, TOWN	OR LOCA	TION					10d. IN	NSIDE CITY	
ă	Maryland	Wash	ington		Н	ager	stow	m					½□ Y	YES 2 N	10
AL	10s. STREET AND NUMBER		-				10	of, ZIP CODE			10g. CITI2	EN OF	WNAT CO	OUNTRY?	
띮	420 Ridge A	venue						21740				US.	A		
5	11. MARITAL STATUS	alaman)	12. WAS DECEDEN	T EVER IN U.S	S. ARMED	13.		CENDENT OF NISPAP			or No-	14. RAC Blac	E — Ame	erican Indiar	A,
ВУ	1 Never Married 2 3 N Widowed 4 Divo		IF YES, GIVE Y					S 2 X NO Specifi		,,		Spec	offy:		
		EDENT'S EDU	1 CATION	1 40.	. DECEDENT	e Hellar .c	COLIBAT	1011	Tanh	KIND OF BUS	INCO (NO		ite		\dashv
2	(Specify only	highest grade	completed)		(Give kind o	work done	during m	ost of working	100.	KIND OF BUS	INC35/IND	Joint			
7	Elementary/Secondary (0	-12)	College (1-4 or 5	•)	labo					ribbo	n mfo				
COMPLETED	17. FATNER'S NAME (First, M	iddle, Last)			Labe	101		18. MOTNER'S NA	_						
0	John Lewis	Smith						There	sa M.	Lefe	ver				
BE	19a. INFORMANT'S NAME (7				19b. MAILIN	O ADDRES	S (Street	and Number or Rural	Route Numb	er, City or Town	n, State, Zip	Code)			
2	Robert R. S	mith			317	Brya	n P1	ace, Hag	ersto	wn, Ma	aryla	nd	2174	+0	
	20a. METHOD OF DISPOSIT	ION	and from Otate		ACE OF DISP	OSITION (A	lame of co	emetery, cremetory or		20c. LO	CATION —	City or T	own, Sta	rta .	
	4 Donation 5 Other	(Specify)	TOWN ITOM STATE			wn M	emor	ial Park		Hag	ersto	wn,	Mar	rylano	d j
	21, SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	10-	4			AND ADDRESS OF FA		ME					
	51	XX	LUKA		ell	1		. Wilson			garet	Orm	Mc	1 21	7/10
	23. PART I. Enter the d												1.4	Approxima	ite
	ahock, or h IMMEDIATE CAUSE (Fir		List only one ca	use on aach	ilna.									Interval Be Onset and	
	disease or condition_	-	Droh	ahl.				al infarc	. +				į	5 ho	
	resulting in deeth)		DUE TO	(OR AS A CO	NSEOUENCE	OF):	trure	al jaran	TOIL				\rightarrow	5 110	urs.
z			ASHD												
일	Sequentially list condit If any, leading to imme	diata	DUE TO	(OR AS A CO	NSEOUENCE	OF):									
2	cause, Enter UNDERLY CAUSE (Disease or Inju		ć					<u>. </u>							
#	that initiated events resulting in death) LAS	т	DUE TO	(OR AS A CO	NSEOUENCE	OF):							i		
5			d										-		
ابر	PART II. Other eignifice	ent condition	na contributing to	death but	not reaultin	g in the u	ınderiyi	ng cauae given in	Part I.	24a. WAS AN PERFOR		24		AUTOPSY FIR	
S	End stage	rena1	disease	on he	modia	lysis	5			1 TES 2	1117			LETION OF C	
MEDICAL CERTIFICATION	Rheumatoi	darth	ritis										-	YES 2 N	10
_												- 1			

7-15-91

Rheumatoid arthritis

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 - YES 2 - XNO

OTHER:
4 Nursing Home 5 Residence 8 Other (Specify)

D-12642

28c. INJURY AT WORK?
1 YES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 27. MANNER OF DEATH 28d. DESCRIBE NOW INJURY OCCURED

1 Natural
2 Accident
3 Suicide 5 Pending Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 8 Could not be determined

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29s. CERTIFIER (Check only 1 🔀 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, end due to the cause(s) end manner as stated. (Check only one)

2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)

290 SIGNATURE AND TITLE OF CERTIFIER

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Te U. Porciuncula, M.D 1500 Pennsylvanuia Avenue Hagerstown, MD 21740

31. DATE FILED (Month, Day, Year)

JUL 16 '91 32. REGISTRAR'S SIGNATURE

Julia Duridson-Randalla

DHMN-18 Rev 1/89

DIRECTOR

FUNERAL

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res	igne	ealth	50
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law.	185	Dept	23
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CIAN	ertific	the S	0
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
END	. N	ter d	8 18
AT	ECIL	rs af	n 21
DR	SHO.	hou	Iten
TAL	PA	72	± 3
100	J. INE	Athir	ANI
포	분	P9	ORT
10	10	De fil	M

MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

BE

2

2 Accident

3 Suicide

4 Homicide

										91		195	41
FOR STATE REGISTRAR	STATE OF M	MARYLAND /		ICATE (OF D	EATH		YGIEN EG. NO.					
1. OECEDENT'S NAME (First, Middle, Last)	EVELY			FERG	USON	1	2. DATE OF	DEATH		YEAR	3. TII	AE OF DEATH	
EVELYN	MAE	FERGU	ISON				JUNE	15	-	1991		2:45pm	h M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTH	PLACE	(State or Fore	ign
177-24-7817	1 🗆 M 2 🛣	76	YRS.	MONTHS D	AYS H	OURS MIN.	Jan.	3, 1	915	Per		y1vani	a
9e. FACILITY NAME (If not institution, give st	reet and number)			9h. CITY, TO	WN OR	LOCATION OF D	EATH		9c. COU	INTY OF D	EATH		
Doctor's Hospita	1			Lanh	am	deep.			Pri	nce (Geo	rge's	-
10e. STATE 10b. COUNTY	,		10c, CIT	Y, TOWN OR L	OCATION	(-		10d.	NSIDE CITY	
Pennsylvania Bed	ford		Ве	dford								YES 2 N	0
10e. STREET AND NUMBER					10f. ZI	P CODE			10g. CIT	TIZEN OF V	VHAT C	OUNTRY?	
111 S. Bedford St	reet					15562			Uni	ited	Sta	ites	
11. MARITAL STATUS 1 Was occedent even in u.s. Armed 1 Was occedent even in u.s. Arm				,									
16. DECEDENT'S EDUC (Specify only highest grade		18e. DE	CEDENT'S	WORK done duri	PATION	of working	16b. KII	ND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	clerk			Department Stor				ore	2	
17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHER'S N	AME (First, Midd	lle, Malden	Sumame)				
Thomas L. Cessna						Jane I	Howsarı	-					
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AOORESS (S	treet and	Number or Rural	Route Number,	City or Tow	n, Stete, Zi	ip Code)			
Rev. William K. F	erguson	8	38906	Hicko	ory	Hill A	venue,	Lanh	nam,	Md.	207	706	
204 METHOD OF DISPUSITION 1 Disputation 2 Committee Comm	over from State	other p	ace)	esition (Name irch Ce		ery, crematory or				City or To		ylvan:	ia
#1860 NATURE OF POWERAL SERVICE LIC	\$12	words	~	FRAI	NCIS	GASCH LT. AV	'S SONS				-		
23. PART I. Enter the disesses, prospect, or heart fellure.				not enter th	e mode	of dying, au	ch as cerdied	or reap				Approxima Interval Be	tween
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Non-the	odekin 1	nal;	grant	Lyn	npliona	with b	me h	anon	semen 3		Cgn 3	

DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease Dr Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 1 - YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. OESCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending Investigation

29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the

28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)

1 YES 2 NO

D14730

28L SIGNATURE AND TITLE OF CENTIFIER 29c LICENSE NUMBER 29d. DATE SIGNED (Month, Dey, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Yin YEUNG 8900 tai Woodyard Road hB #20

JUN 18 91 32. REGISTRAR'S SIGNATURE

6 Could not be determined



28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)

6-45

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medic:
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	S.	S	ept	23
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) A . K . A . 2. DATE OF DEATH 3. TIME OF DEATH ANNA MAE FINNEGAN JUNE 15,1991 12:56 A M FINNEGAN 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 7.7 MONTHS DAYS HOURS MIN 1 M 2 X F May 15, 1914 512-16-0560 Kansas Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR COMMUNITY HOSPITAL PRINCE GEORGE'S LANHAM 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Prince George's Mitchellville 1 YES 2 NO 10e. STREET AND NUMBER Villa Rosa Home FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3800 Lottsford Vista Road 20721 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE - American Indien, Black, White, etc. FORCES? 1 YES 2 White 1 Never Merried 2 Merried Specify: BY XX Widowed 4 ☐ Divorced ETED 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5+) COMPL 12th Secretary U.S. Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) te Maloney Catherine Lawless BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Sarah Sczuka 13100 Whiteholm Dr., Upper Marlboro, Md. 20772 Pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION --- City or Town, State 20s. METHOD OF DISPOSITION

1 Burlel 2 To Cremation 3 Removal from State

4 Donation 5 Other (Specify) must Metropolitan Funeral Service Alexandria, Virginia 22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons, P.A. URE OF FUNERAL SERVICE LICENSEE xaminer 4739 Baltimore Ave., Hyattsville, Md. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final disease or condition 9 DUE TO JOH A A CONSEQUENCE OF): days resulting in death) aug 8 meunionia CERTIFICATION D (OH AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYtNG CAUSE (Disease or Injury DUE TO JOH AS A CONSEQUENCE OF that initiated events resulting in death) LAST mouthe ancer PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO amy COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 0 26e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Rwn, State) 3 Suicide 6 Could not be COMPLETED 28 4 Homicide 29e. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner es stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d, DATE SIGNED (Month, Day Year) BE ancel Kom, 15 MI 6 0 30. NAME AND ADDRESS OF RERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



32. REGISTRAR'S SIGNATURE Davidson- Gandale

10694 Campus Ways .; Large ,

MD

2071

Kim, M.D.

James J.

JUN 18 '91

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO.		1 1 1 3 3 4 0
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
THOMAS WAYNE FRY					JUNE 17	1991	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. 8	SHITHPLACE (State or Foreign Country)
464-16-8758	1 M 2 D F	70 YRS.	ONTHS DAYS	HOURS MIN.	11-21-19		Texas
9a. FACILITY NAME (If not institution, give	street and number)	9	b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
MALCOLM GROW USA		NTER A	ANDREWS	AFB MD		PRINC	E GEORGES
10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA				10d, INSIDE CITY LIMITS?
	nce George's		Oxon H		·		1 TYES 2 X NO
10e. STREET AND NUMBER	4-1-4202		1	of, ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
2138 Alice Ave.	APT.#ZUZ	NII C ADMED	40 400 00	20745	ORIOIN? (Specify Yes	No. 44	U.S.A.
1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES? 1 X YES	2 NO	If yes, s		n, Puarto Rican, atc.)	1	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grad	JCATION	18a. DECEDENT'S US (Give kind of wor	SUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Ille. Do NOT use	retired.)				
8th		Retired	- U.S.			litary	
17. FATHER'S NAME (First, Middle, Last)	-			18. MOTHER'S NA	ME (First, Middle, Maiden		
Thomas	Fry			<u> </u>	Delia		
19a. INFORMANT'S NAME (Type/Print) Fusae T. Fry					Route Number, City or Tow		
rusae 1, rry	20	b. PLACE OF DISPOSIT			202 Oxon 1	CATION - City	
1 Donation 5 Other (Specify)	noval from Stata	other place) rlington			1		on, Virginia
21. SIGNATURE OF FUNERAL SERVICE L		HIIIIgcon	22, NAME	AND ADDRESS OF FA	as Funera	TIUSCO	ni, viiginia
VIAINT VIAI	1		Geor	ge P. Kal	as Funera.	L Home	Md. 20745
23. PART I. Enter the diseases, pr	complications that cause	d the death. Do no					
ahock, or heart fellure.	. List only one ceuse on						Interval Batween Onset and Death
IMMEDIATE CAUSE (Finel disease or condition	END STAGE	HEART DIS	EASE				
resulting in deeth)		A CONSEQUENCE OF):					
	L_CONGESTIVE	HEART FA	ILURE				
Sequentielly list conditions, If any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):					
CAUSE (Disease or Injury	□ RESPIRATOR	Y FAILURE					
thet initieted events resulting in desth) LAST	KIDNEY FAI		•		j		
	d						
PART II. Other significent condition	ona contributing to death	but not resulting in	the underlyl	ng cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
					1 YES	2 X NO	COMPLETION OF CAUSE OF DEATH?
					_		1 TES 2 NO
							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch			
1 TYES 2 X NO	1X Inpetient 2 - ER/Ou 28e. DATE OF INJURY			me 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN ILIEN OCCUR	ED.
1 Natural 5 Pending	(Month, Day, Year)	INJU	RY V	ORK?	280. DESCRIBE NOW	INJUNI OCCUN	20
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR	Y — At home, farm, str			28f. LOCATION (Street	and Number or i	Rural Route Number,
4 Homicide 8 Could not be detarmined	building, etc. (Sp	ecify)			City or Town, State)	
29a. CERTIFIER 1 K CERTIFYING PHY	SICIAN: To the best of my kno	wledge, death occurred	at the time, du	te and place, and due	to the cause(s) and me	nner se stated.	
and a							ause(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	EN			29c. LICENSE NU	MBER	29d. DATE SI	IONED (Month, Day, Year)
this a. Bidwe	@ Cant	USAF.	mc				E 17 1991
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, /	Print) M		OW USAF ME		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		Al	WIKEWS AF	B, MD 2033	1-5300	
JUN 18 '91	he Tride B	nda 90_					

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Dent of Health and Mental Hotelene prior to burial, cremitation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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PITA	ERA I	T.
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5	2 2	×

1. DECEDENT'S NAME (First, Middle, Last) EDI	TH VIRG	INIA	FUNK			June 16,	DAY	VEAD		
4. SOCIAL SECURITY NUMBER 578-34-2501	1 □ M XX F	AGE (In yrs. less	t birthday) IF UNI YRS. MONTH	DER 1 YEAR IS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-24-19	17	8. BIRTHPLACE (State or Foreit Country) Virginia		
9a. FACILITY NAME (If not institution, give s 5405 Carters Lan RESIDENCE OF DECEDENT			9b. C		r LOCATION OF DE	ATH		nty of DEATH nce George's		
10a. STATE 10b. COUNT	George's		Rive		ION	10d. INS LIM 1 🖔 YE				
5405 Carters Lane				101	20737		U.S.	A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 U IF YES, GIVE WAR NO	YES 2 N		If yes, sp	ECENDENT OF HISPANIC ORIGIN? (Specify Yes o specify Cuban, Maxican, Puarto Rican, etc.) ES 2 NO Specify: NO			or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12) 11th		(GI	CEDENT'S USUAL tve kind of work do. Do NOT use retired	OCCUPATION TO DESCRIPTION OF THE PROPERTY OF T	N at of working	16b. KIND OF E	n Home			
17. FATHER'S NAME (First, Middle, Last) Frank Melroy Fox		- 1100	ISEWITE			ME (First, Middle, Meid Pearl Fl:	en Sumame)	(8) SE		
19a. INFORMANT'S NAME (Type/Print) Lloyd Funk						Poute Number, City or Trerdale, 1				
20e METHOD OF DIP DISTION 14 Donetion 3 Donetion 3 Donetion 3 Donetion 1 Donetion		other pla	Lincoln	Cemet		B	rentwo	city or Town, State		
2mg/gyarung beruneral service (SIN SIN	10						HOME, P.A. E, MD. 20781		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	Emph	AS A CONSEC	buse	Pance	n of	liker				
PART II. Other algnificant condition	a contributing to de	ath but not r	eaulting in the	undariyin	g cause given in	PERF	AN AUTOPSY ORMED? 2 KJ NO	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	R/Outpatient 3	OTH OTH	IER:	ACE OF DEATH (Ch	eck only one) 8 Other (Specify)				
27. MANNER OF DEATH 1 Netural 8 Pending Investigation	26a. DATE OF IN. (Month, Day,	JURY	28b. TIME OF INJURY	28c. INJ WO		28d. DESCRIBE HOV	W INJURY OC	CUREO		
3 Suicida 8 Could not be defarmined	28a. PLACE OF It building, etc	NJURY — At ho (Specify)	me, farm, street,	factory, offic		281. LOCATION (Stre City or Town, Sta	et and Number ite)	r or Rural Route Number,		
onel	ICIAN: To the best of my							ted. he cause(a) and menner as stat		
296. SIGNATURE AND TITLE OF CERTIFIE	- m.8	OF BEATH ST	W 27 (7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		D149			6-19-91		
Year-Kwon H. Yoo		807 Bal		Ave.,	#111, C	ollege Pa	ırk, M	d. 20740		
JUN 20 91	hola Davidson							DHMH-16 I		

FOR

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found of the found of the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pressure within 72 hours after death with the State Dept. of Health and Memai Hyglene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_ 1	- STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	F	REG. NO.			
1	. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH		YEAR	3. TIME OF DEATH
	HERMAN		FEAZI	ELL				e 17		91	12:40 a M
L	577-30-1055	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Do	BIRTH 1-24		Country	PLACE (State or Foreign y) itorum, Miss
- 1	Doctors Communit		al		96. CITY, TOWN	OR LOCATION OF DI	EATH			nty of Di	George's
	D.C.				ry, town on Loc shingtor						10d. INSIDE CITY LIMITS? XX YES 2 NO
L	oo.street and number 1315 Anacostia R					20020			U.S	ZEN OF W	VHAT COUNTRY?
3	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced		IT EVER IN U.S. ARM YES 2 NO NATES		If yes,	ECENDENT OF HISPA specify Cuban, Maxica ES XIX NO Specif	an, Puarto Rica		or No—	Black	E — American Indian, k, Whita, etc. //y: BLACK
1	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 0-8th	UCATION le completed) Cottege (1-4 or 5 -	(G/s)	ve kind of Do NOT u	S USUAL OCCUPATION WORK done during in the retired.) Government	nost of working		ND OF BUS			rtment
ļ.,	7. FATHER'S NAME (First, Middle, Lest)		, ,,			16. MOTHER'S NA			_	Бора	2 0110720
	Joseph Feaze	11					ore Po		,		
	9a. INFORMANT'S NAME (Type/Print)		196	. MAILING	O ADDRESS (Stree	t and Number or Rural			n, State, Zip	o Code)	
	Mary Wilson Fea	zell /wif	e	1315	5 Anacos	tia Road	, S.E.	#4 V	Wash.	,DC	20020
1	0e. METHOD OF DISPOSITION Burlal 2 Cremation 3 Rer Donation 5 Other (Specify)	moval from State	other of	ice)	Memoria	cemetery, cremetery or 11 Park			ndove		wn, State Iaryland
2	1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE .	Q 73	19	Robe	ert G. Mas	son Fu				nc.
NOTINGE IN	disease or condition reaulting in death) Sequantially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO		OUENCE C	OF):	16 (on Ce				
		d									-
	PART II. Other algnificant condition	ne contributing to	death but not re	eauiting	in the underly	ing cause given in		e. WAS AN PERFOR	RMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
2	S. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C)	heck only one)				
	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ 00A	OTHER:	ome 5 🗆 Rasidenca	6 🗆 Other (S	(pecify)			
2	7. MANNER OF DEATH T Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, E		28b. Till IN	JURY	NJURY AT WORK? YES 2 NO	28d. DESCR	IBE HOW I	NJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE C building,	OF INJURY — At hor, etc. (Specify)	me, ferm,	street, factory, of	fice	28f. LOCATIO	ON (Street a lown, State)	and Numbe	or or Rural F	Route Number,
2	anal and	SICIAN: To the best of a									a) and menner as stated.
3 H 2	96. SIGNATURE AND TITLE OF CERTIFIE	efate	~	Mr	n .	D (S	214		29d. DAT	6. ((Month, Day, Year)
3	O. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF OEATH (ITEN	1 27) (Typ	001 E	st	J.E.	الما	ush	17- €	20030
3	JUN 26 91	A .	AR'S SIGNATURE								

1. DECEDENT'S NAME (First, Middle, L	IAURA	V. FIF	TPS	05		2. DATE OF	-25-	91 YE	AR 3. T	Jie of OEATH
4. SOCIAL SECURITY NUMBER 182-20-3731	5. SEX 6.	AGE (In yrs. last birti		ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D. 03-1)	BIRTH 9/. Year) 0-04	8. 8	Country)	cyland
90. FACILITY NAME (If not institution, g Golden Oaks RESIDENCE OF DECEDEN	Nursing Ho	me	9b. CIT		rel	EATH		PRIN		GEORGES
10e. STATE 10b. CO		10	c. CITY, TOWN		rion re Park					LINSIDE CITY LIMITS? YES 2 \(\) NO
	oe Street			101	. ZIP CODE			10g. CITIZEN	OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1 IT IF YES, GIVE WAR	YES 25 10	13	If yes, sp	ecify Cuban, Mexica 2 X NO Specification	an, Puerto Rica	Specify Yee an, atc.)	or No— 14.	RACE — A Black, Wh Specify:	American Indian, litte, etc. Black
15. DECEDENT'S (Specify only highest (Elementery/Secondery (0-12) 7th		(Give ki	ent's usual of work done NOT use retired.	during mo	working	16b. KJ	ND OF BUS	INESS/INDUST	RY	
17. FATHER'S NAME (First, Middle, Last Samuel O. Fi						nriet	ta H	ebron		
19a. INFORMANT'S NAME (Type/Print) Rosa Dickson	(Niece)				od Ave					20706
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 4 Donation 5 Other (Specify)		20b. PLACE OF Cother place) Mt Zic	on Cer	mete				urel,		State
21. SIGNATURE OF FUHERAL SETIVIC	P Suo	wood		SNOW	DEN FUI VILLE,	NERAL		E, P.	A.	
23. PART I. Enter the discussions abook, or heart fall immediate Cause (Final disease or condition rasulting in death)	a	on each line. Probab	le Asj	pira	tion Pr	neumoi	nia	ratory arrest,		Approximate Interval Betwee Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente units and a consequence of):										
resulting in death) LAST	d.	oth but and	late at a state	- 4 - 1 - 1		I .				
PART II. Other algolificant cond	tions contributing to de	ath but not reeu	rung in the t	undenyin	g cause given in		PERFOR	MED?	COI OF	RE AUTOPSY FINDINGS JILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 100
25. WAS CASE REFERRED TO MEDIC	AL.			26. P	LACE OF DEATH (C)	heck only one)				
EXAMINER?	HOSPITAL: 1 - Inpatient 2 - El	R/Outpetient 3 🗆 t	OTHE		ne 5 🗆 Residence	6 Other (S	Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	28a. DATE OF IN. (Month, Day,		b. TIME OF INJURY M	W	JURY AT DRK? YES 2 NO	28d. DEŞCR	RIBE HOW II	JURY OCCUR	ED	
3 Suicide 6 Could no 4 Homicide determine	building, etc.	NJURY — At home, . (Specify)	form, street, fa	ictory, offic	20		ON (Street a Town, State)	nd Number or F	Rural Route	Number,
	HYSICIAN: To the best of my MINER: On the basic of exam								luse(s) sn	d menner ee stated.
29b. SIGNATURE AND THILE OF GEN	THEN .	mo	4		29c. LICENSE NU	MBER 422	-	29d. DATE SI	GNED (Mo	ren, Day, Your)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM 27		70	P 25	(20)	251	MA		1
31. DATE FILEO (Month, Day, Year)	32 REGISTRAR'S	SIGNATURE -	02					1		

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE PUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours are deam with the State user, or heam and wental hydere prior to brink, crentation, or lethous. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 0	0	be filed within 72 hours after beam with the bate begin of readth and mental hygiene proving burial, dentation, or femous, in thembed is a marked, or item 23 shows any injury, or other traumatic event, the medical ex
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			IENTAL HYGIENI REG. NO.		91 1954
00	1. DECEDENT'S NAME (First, Middle, Last)		02.11.11	AIL OI		2. DATE OF DEATH		3. TIME OF DEATH
	JOHN T. FLOO)D				JULY 04	1991	0600 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign country)
1	130-34-1933 9a, FACILITY NAME (If not institution, give a	1 M 2 F	47 YRS.		R LOCATION OF DEA	FEB 06 19		NEW YORK
OR	NATIONAL NAVAL ME			BETH				GOMERY
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE MARYLAND MONT	GOMERY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	OCHERT	CLUTY		ZIP CODE			1 X YES XX NO
FUNERAL				. Cien	70.73			OF WHAT COUNTRY?
NE I	13513 TEAKWOOD LA	12. WAS DECEDENT EVER IN	V U.S. ARMED		0874	C ORIGIN? (Specify Yes	USA	RACE American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR DA 1965 to 19	2 NO ATES	It yes, spe		, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE
	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18a. DECEDENT'S US	SUAL OCCUPATION	N	16b. KIND OF BUS	INESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6+)	life. Do NOT use	retired.)	t or wonang			
MP	12		A/C_REFRI	IGERATIC	ON MECH	SELF I	MPLOY	ED
8	17. FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Meiden		
BE	JOHN T. FLO	OD				MAY NUGEN		
2	19a. INFORMANT'S NAME (Type/Print)					oute Number, City or Town		
	MARILYN K. FLOOD	200	D. PLACE AND DATE O			ERMANTOWN N		0874 or Town, State
	1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	cemetary crematory of ORAVIAN CI	other place) EMETERY		STA	TEN ISI	LAND, NY
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE C. Dena	Q M00522	BETHES	DA-CHEVY	HREY FUNE CHASE, II	NC., 75	557 WISCONSIN
	23. PART I. Entar the diseases, or	complications that caused	d the death. Do no	AVENUE	BETHES	SDA MARYT.	ratory srrest,	0814-3501 Approximate
	ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one ceuse on e	ach line.			of the second second		Interval Batween Onset and Death
	disease or condition resulting in death)	. HEPATIC	FAILURE					
	reading in death)	-	CONSEQUENCE OF):					
NOI	Sequentially list conditions, if any, leading to immediate	bDUE TO (OR AS A	CONSEQUENCE OF):					
CERTIFICATION	cause. Enter UNDERLYING							1
듄	CAUSE (Disease or Injury	C. DUE TO (OR AS A	CONSEQUENCE OF):					
111	thet initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
	thet initiated events resulting in deeth) LAST	d						
AP.	thet initiated events	d			ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AP.	thet initiated events resulting in deeth) LAST	d			ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO
AP.	thet initiated events resulting in deeth) LAST	d			ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AP.	thet initiated events resulting in deeth) LAST	d contributing to death b	out not resulting in	the underlying	ceuse given in	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AP.	thet initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	d	patient 3 🗆 DOA	the underlying 26. PL OTHER: Nursing Home	ACE OF DEATH (Che	PERFOR 1 YES 3	MED? ₹X NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
PHYSICIAN: MEDICAL	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d	out not resulting in	26. PL OTHER: Nursing Homory OF 280. INJURY WOI	ACE OF DEATH (Che	PERFOR	MED? ₹X NO	AGALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 X Inpatient 2 ER/Outs (Month, Dey, Year) 28e, PLACE OF INJURY	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: I Nursing Home OF 280. INJU WO' 1 Y	ACE OF DEATH (Che 5	PERFOR 1 YES 3	MED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL	thet Initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only Check only Case)	HOSPITAL: 1 N inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Content of the Conte	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: Nursing Horm OF 28c. INJU WOI 1 Y reet, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 3 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State)	MED? XX NO NJURY OCCURI	AGALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO BUT NO
COMPLETED BY PHYSICIAN: MEDICAL	thet Initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 X inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Dey, Yeer) 28e. PLACE OF INJURY building, etc. (Special Sician): To the best of my know	petient 3 DOA 28b. TIME INJUI	26. PL OTHER: Nursing Horm OF 28c. INJU WOI 1 Y reet, factory, office	ACE OF DEATH (Che 5 Residence URY AT RK7 FES 2 NO and place, and due seth occurse at the	PERFOR 1 YES 3 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and mer time, data and piace, and	MED? NJURY OCCUR and Number or I	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	thet Initiated events resulting in deeth) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 \$\inpatient 2 \subseteq ER/Outs 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Special Sician): To the best of my know ER: On the bests of axamination	patient 3 DOA 28b. TIME INJUI	26. PL OTHER: Nursing Home OF 260. INJI WOI 1 V reet, factory, office	ACE OF DEATH (Che 5	PERFOR 1 YES 3 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and mer time, data and piace, and	MED? NJURY OCCUR and Number or I	AGALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO BUT NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNADORE AND INTLE OF CERTIFIER 30. WASME AND ADDRESS OF PERSON W	HOSPITAL: 1 Stipation 2 ER/Outs 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Specials) BICIAN: To the best of my known ER: On the best of axamination HO COMPLETED CAUSE OF DE	patient 3 DOA 28b. TIME INJUICATION And American and/or investigation, EATH (ITEM 27) (Type, 6	26. PL OTHER: Nursing Home Yes, factory, office at the time, data In my opinion, do Print)	ACE OF DEATH (Che 5	PERFOR 1 YES 3 6 Other (Specify) 28d. DESCRIBE HOW II 26f. LOCATION (Street a City or Town, State) to the cause(a) and mer time, data and piace, and	NJURY OCCURI	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Pural Route Number,

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Alfulta	Butles	GRASTY	2. DATE OF DEATH DAY	3. TIME OF DEATH
	207-18-1566 10 M2 DF	79 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country) U.S.A.
TOR	9a. FACILITY NAME (If not institution, give street and number) HOLY (1055 + 1050 - 1500 - 7041) RESIDENCE OF DECEDENT	t glen Rd	CITY, TOWN OR LOCATION OF D	g g	nontgomery.
DIRECTOR	Maryland Montgomery		own or Location er Spring		10d. INSIDE CITY LIMITS? 1 🔀 YES 2 🗌 NO
	10a. STREET AND NUMBER		101. ZIP CODE	- 1	10g. CITIZEN OF WHAT COUNTRY?
FUNERAL	8830 Piney Branch Road 11. MARITAL STATUS 12. WAS DECEDENT EV		20903		United States
B	1 Never Married 2 Married 3 Awidowed 4 Divorced 1 Never Married 2 IF YES, GIVE WAR O	YES 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 TYES 2 X NO Specify	en, Puerto Ricen, etc.)	W No- 14. RACE — American Indian, Black, White, etc. Specify: Black
요	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USI	JAL OCCUPATION done during most of working	16b. KIND OF BUSIN	NESS/INDUSTRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Clerk	done during most of working tired.)	U.S. Pos	stal Service
8	17. FATHER'S NAME (First, Middle, Last)		16. MOTHER'S N	AME (First, Middle, Malden Su	umame)
	Curt Butler		Amy En	ty	
BE	19s, INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town,	State, Zip Code)
2	Arthur Enty	12100 1	Maddox Lane Bo	wie, Maryla	nd 20715
	20e. METHOD OF DISPOSITION 1	of cemetary, crematory or Suburban	Crematory	Silv	er Spring, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	His	22. NAME AND ADDRESS OF F. McGuire Funer 7400 Georgia		Inc. 20012 ashington, D.C.
	23 PAB I. Enter the seeses, or complications not contained to the shock, of heert fellure. List only one cause immediate CAUSE (Finel disease or condition resulting in death)	on each line.	enter the mode of dying, au	ch as cerdiec or respire	Approximate interval Batween Onset and Death
NO	Sequentially list conditions,	AS A CONSEQUENCE OF:	UIA		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE OF):	ncephali	pathy	
ËR	d. Bre	ar Co	mar- m	aroug.	
	PART II. Other significant conditions contributing to de-	eth but not resulting in t	he underlying cause given in	Part I. 24a. WAS AN A	
MEDICAL	- (2) C			PERFORM	COMPLETION OF CAUSE
ä					
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (C	heck only one)	
Si			THER: Nursing Home 5 Realdence	6 Other (Specify)	
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Metural 5 Pending 2 Accident Investigation			28d. DEŞCRIBE HOW IN.	JURY OCCUREO
		JURY — Al home, farm, atre . (Specify)	et, factory, office	28f. LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my 2 MEDICAL EXAMINER: On the basis of axam				
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	TREHA	29c. LICENSE NI	JMBER 33224	29d. DATE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF TRUHAN 50 W &	demonst	m Dr. #	504 Roc	churche 40 20 35
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S 11. DATE FILED (Month, Day, Year)	SIGNATURE RANGER		,	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	nit. Pages 1, 2, 3 should
ttending physician.	e as the burial-transit perr
HYSICIAN: The law requires that the death certificate be executed within 23 mounts after death.	this certificate has been signed by the attending physician and completely filled in by the hineral man activated for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **Red, or item 23 shows any injury, or other traumatic event, the medical examinant man are metified at once.
ter death. For 6 pmpe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process, and the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examinement or mutified at once.
ecuted within 25 mours aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examin
the death certificate be ex	the attending physician a 1 Mental Hygiene prior to injury, or other traum:
IN: The law requires that	ficate has been signed by State Dept. of Health and Item 23 shows any i
TO THE HOSPITAL OR ATTENDING PHYSICIA	D THE FUNERAL DIRECTOR: After this certile filled within 72 hours after death with the MPORTANT: If item 28 is marked, or
TO THE HOSPITAL	TO THE FUNERAL (be filed within 72 h IMPORTANT: If II

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	nedistran	OLITINI 101	AIL OI	DEATH	n.	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Lost) HELA. Grishman	1			2. DATE OF DE MONTH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 1 M 2 FF		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day,	RTH Year)	Count	21
	087-00 7013	7/			8-28-			land
OR	Holy Cross Haspital of Sike	Er-Spring"	51/VE	OR LOCATION OF D	ng	9c. CO	ont	gomery
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	10c. CITY, TO	WN OR LOC	ATION				10d. INSIDE CITY
_ DIRECTOR	Maryland Montgome,	ey Silve	S	0/- 1749 or. ZIP CODE		Lucion		LIMITS?
FUNERAL	11500 Buckned Drave			2090 BK		10g. Ci	15 A	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 1 Never Married 2 Married 12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2XX110	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic ES 2 NO Speci	an, Puerto Rican,		14. RACI Blac Spec	E — American Indian, k, Whita, atc. #y: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	IAL OCCUPA	TION most of working	16b. KIND	OF BUSINESS/IN	IDUSTRY	MILLE
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Machine O	tired.)		Ladi	les Clot	hing	
OM	17. FATHER'S NAME (First, Middle, Last)					Maiden Sumame)		
BE (Mortche Hersh Akselrad	1			Senen			
2	Jerome Prager (son)			t and Number or Rure				
	1 X Burial 2 Cremation 3 A Removal from State	b. PLACE OF DISPOSITION other place)				20c. LOCATION -		ew York
	21, SIGNATURE OF FUNERAL SERVICE LICENSEE	La Hebron	22. NAME	AND ADDRESS OF F				pels, Inc.
	Cranh al for	-	1170	Rockvil	le Pike.	Rockvi	lle.	MD. 20852
	23. PART I. Enter the diseases, or complications that cause shock, or heart failure. Liet only one cause on a IMMEDIATE CAUSE (Final	eech line.				or reapiratory a	rreat,	Approximate Interval Between Onset and Death
	Tooling in account	A CONSEQUENCE OF):	neu	Will all	,			76 hours
NO	Sequentially list conditions, b	A CONSEQUENCE OF):						
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury							
CERTIFICATION	that initiated events resulting in death) LAST	A CONSEQUENCE OF):						
	PART II. Other algorificant conditions contributing to deeth	but not resulting in t	he underly	Ing cause given I	n Port I 24a	WAS AN AUTOPS	v 24	b. WERE AUTOPSY FINDINGS
EDICAL					10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2					_ _			1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Check only one)	-		
SIC	EXAMINER? 1 YES 2 THO 1 I I I I I I I I I I I I I I I I I I		THER:	ome 5 🗆 Residence	6 C Other (Spe	ectfy)		
ВУ РН	27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Dey, Year) 2 Accident investigation	26b. TIME O	/	NJURY AT WORK? YES 2 NO	28d. DESCRIE	E HOW INJURY O	CCURED	
		RY — At homa, farm, streedly)	et, fectory, o	ffice	28f. LOCATION City or Tox	N (Street and Numb vn, State)	oer or Rural	Route Number,
PLE	29a. CERTIFIER (Check only Check only Land Check on Land C	wledge, death occurred a	it the time, d	ata and place, and d	ue to the cause(s)	and menner as a	tated.	
COMPLETED	one) 2 MEDICAL EXAMINER: On the basis of examinati	ion and/or investigation, i	n my opinior	, death occured at ti	ne time, data and	place, and dua to	the cause	a) and manner as stated.
TO BE	296. MICHAEL AND TITLE OF CERTIFIER AND TITLE	wo		29c, LICENSE N	UMBER D 2 3 2	29d. D.	TE SIGNE	(Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF D Thorton HCT-Index	PEATH (ITEM 27) (Type, Pri	99-Li	mpxal	h Jilug	Lynnig	mel	20902.
	31. DATE FILED (Month, Day, Your) 32. REGISTRAN'S SIG	Randa P2						
	III & All Shrowman	-						

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DHMH-16 Rev 1/89

E MARYLAND 21203-3146	name in the part of the physical or attending physical	pays 5 should a detached for use as the buria)
BALTIMOR	after death. Page 6 n	by the funeral director,	emoval.
4	Sine	led In	n, or re
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-7-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, many above.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR				LITT	IOAIL	- 01	DEA	111		EG. NO.			
į	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I	DEATH	Y	YEAR	3. TIME OF DEATH
		AKA Mar		uastell	a					July	3,	19		8:40 A M
ı	4. SOCIAL SECURITY NUMBE	110	SEX	6. AGE (In yrs.	ast birthday)	IF UNDER	1 YEAR	HOURS	R 24 HRS.	7. DATE OF E (Month, De			6. BIRTH	HPLACE (State or Foreign
	138-24-3261	1	☐ M 2 🙀 F	81	YRS.	a citina	Denie	Noons		Sept.		909	I	taly
	9a. FACILITY NAME (If not ins	titution, give street	and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE	ATH		9c. COU	NTY OF D	DEATH
E I	Shady Grove	Advent	ist Ho	spital	×		Roc	kvil	le			M	onta	omery
DIRECTOR	RESIDENCE OF DEC	EDENT			1									
ᇎᅵ		10b. COUNTY			10c. CIT	Y, TOWN (OR LOCA	TION						10d. INSIDE CITY LIMITS?
	Maryland	Mon	tgomer	7		Geri	nant							1 TYES 2 X NO
ਫ਼ੋ	10e. STREET AND NUMBER						101	. ZIP COD	ÞΕ			10g. CIT	IZEN OF 1	WHAT COUNTRY?
ij	20629 Haz								874				ited	States
FUNERAL	11. MARITAL STATUS 1 Never Married 2 7		FORCES?	T EVER IN U.S. /	NO					IC ORIGIN? (S		or No-	14. RAC	E — American Indian, k, White, etc.
BY	3 X Widowed 4 Divon		IF YES, OIVE Y	MAR OR DATES			1 YES	2 X NO	Specify:				Spec	White
		DENT'S EDUCAT	ION	100	DECEDENT'S	Hellal O	CCUBATU	NA!		Tank Mile	D OF BUS	100000000000000000000000000000000000000	DUCTON	Mutte
COMPLETED	(Specify only	highest grade con	npleted)		(Give kind of	work done			ing	TOO. KIN	D OF 803	MINE 35/IN	DUSTRY	
2	Elementary/Secondary (0- 12	12)	Collega (1-4 or 5	+)							~	***		
N N	17. FATHER'S NAME (First, Mic	ridle (ast)			НОШ	emake	er_	18 M/II	HED'S NAM	AE (First, Middl	Own .			
								7.1						
B	Carmello 19a. INFORMANT'S NAME (T/)		a		ION MAIL INC	ADDRES	R /Street s	_	Conce	oute Number, (otra	n Codel	
2														
	Carmen Guas				E OF DISPO					Germa				and 20874
	20g, METHOD OF DISPOSITION 1 K Burlai 2 Cremation 4 Donation 5 Other		from State	other	place)				matory or		1111111			
	21. SIGNATURE OF FUNERAL		SEE	M0038	Mary'	22	NAME A	ND ADDR	ESS OF FAC	HLITY				, Maryland
	Barbara	amer	nullen	Jawre		RORO	ober ockv	t A.	Pump , Inc	ohrey 30	Fune 0 We	ral st M	Home	/ omery 850-2805
	23. PART I. Enter the die	0 1	1	at caused tha	daath. Do	not enter	tha mo	e R	Ing. such	ae cardiac	or reepi	ratory er	Teat.	850-2805 Approximate
- 1	shock, or he	art fallure. Lie												Interval Between Onset and Death
	IMMEDIATE CAUSE (Fine disease or condition	BI .		6000	P	1.	13	ceta		1				12 hours
	resulting in death)	a	DUE TO	Gram O (OR AS A CONS	EOUENCE O) () () () () () () () () () (1010	/ KPN I	4				1200005
_			1	Pecus	Situe	1)	10							Bmanth
2	Sequentielly list condition if any, leading to immed		DUE TO	OR AS A CONS	EQUENCE O	FI:								
CERTIFICATION	cause. Enter UNDERLYII CAUSE (Disease or Injur	NG		7/2/4	Ime	2	DI	·Seq	50					3 years
Ĕ	that initiated events		DUE TO	OR AS A CONS										
	resulting in death) LAST	d												
	PART II. Other significar	nt conditions o	ontribution to	death but no	t resulting	in the u	nderlyla	a cours	aluma In I	Dart I 24	. WAS AN	ALITOPRY	24	b. WERE AUTOPSY FINDINGS
EDICAL	D	bete	11	11, tus	t roughting	in the or	ildeliyiii	g cause	given in	24	PERFOR		2**	AMAILABLE PRIOR TO COMPLETION OF CAUSE
اق		4/210	2 1.16	11(102					_	- 11	YES 2	E MO		OF DEATH?
≥														1 YES 2 NO
Ž														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		IOSPITAL:	☐ ER/Outpatient		OTHE		LACE OF	DEATH (Che	eck only one)				
Z	1 YES 2 NO	1	_		_	_			lasidence	8 Other (S)				
		Pending	28a. DATE O (Month,	Day, Year)	28b. TII	JURY M	W	JURY AT		28d. DESCRI	SE HOW I	NJURY O	CURED	
B	2 Accident	nvestigation	200 DI ACE	OF INJURY — At		eternal des		YES 2	□ NO	ANA LOCATIV	NA1 (Da	A A .	0 /	Route Number,
입		Could not be determined		, etc. (Specify)	monne, tentti,	atreet, rec	tory, orn				own, State)		or Provide	ribute Number,
COMPLETED	29a. CERTIFIER	1	-5/			_	_							
MP	(Check only	IFYING PHYSICIA	THE STREET											
8	2 MEDI	CAL EXAMINER:	On the basis of	examination end/	or investigati	on, in my	opinion,	death occi	ured at the	time, data and	i place, an	nd due to	the cause	(s) and manner as stated,
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	5/ .		1	7		29c. LIC	CENSE NUM	18ER		29d. DA	TE SIGNE	D (Month, Day, Year)
2	much	re C	my	4/	71	ワ・			5/	20			7/3	191
-	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAL	JSE OF DEATH (I	TEM 27) (Typ	e, Print)								
	Michael E			316 Dem		у Во	ulev	ard,	Betl	hesda,	Mar	ylan	d 2	0817
	31. DATE FILED (Month, Day,			AR'S SIGNATURE										
- 1	nn • 'Q1	9	who Days	loon-Rand	456									

1215-0020

BALTIMORE, MAR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

t. DECEDENT'S NAME (First, Middle, Last)	15AA	,	ANI	M OF DE		2. DATE	REG. NO.	' 4'	EAR 3. T	ME OF DEATH
4. SOCIAL SECURITY NUMBER 578-34-5290		6. AGE (In yrs. last bi	irthday) IF UND YRS. MONTH		UNDER 24 HRS.	7. DATE (Month	PE BIRTH Day, Year)	3.79	Country)	E (State or Foreign
9a. FACILITY NAME (If not institution, give s 8321 267 RESIDENCE OF DECEDENT	troot and number)	4	96. CI	TY, TOWN OR LO	CATION OF D	DEATH		BC. COUNTY		erys
10a. STATE 10b. COUNTY	ice be	one	10c. CITY, TOWN	on Location Lelp	45				1 1 2 2 2	INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER	MARIA	10.		10f. ZIP	207	83			N OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			ED 1:	3. WAS DECENDE If yes, specify 1 — YES 2	ENT OF HISPA Cuban, Maxic	NIC ORIGIN				merican Indian, ite, etc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEI (Give Ilfe. Do		ne during most of (f.)	working	16b.		SINESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)		Park	k Rug C		MOTHER'S N	AME /Flort A		emplo	yed	
Isaac Ga	anim			10.			an Riz			
19a. INFORMANT'S NAME (Typo/Print) Edna Ganim		19b, N		6th. Pl			or, City or Town		ode)	
· Hely Ox	ineldi		H	en Ceme 2. NAME AND AI ines/Ri 1800 Ne	naldi	Fune	ral Ho	ome		. Md 20
23. PART I. Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cause	caused the death se on each fine. Just of the consequence of the cons	th. Do not ent	ines/Ri 1800 Ne er the mode of	inaldi Maldi W Ham	Fune sphir ch ae cere	ral Ho	me Sil	. Spr	Md 20 Approximata Interval Between
shock or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications thet List only one cause a. DUE TO (b. DUE TO (c.	caused the death se on each fine. Just of the consequence of the cons	th. Do not ent LUC ENCE OF):	2. NAME AND AI ines/Ri 1800 Ne er the mode of	inaldi Maldi W Ham	Fune sphir ch ae cere	ral Ho	me Sil	. Spr	Md 20 Approximata Interval Between
shock or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (d	caused the death se on each fine. JOST (OR AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUITION AS A CONSEQUI	th. Do not ent LUO ENCE OF): ENCE OF): Sulting in the	2. NAME AND AI ines/Ri 1800 Ne er the mode of	uae given in	Fune sphir ch se cerc	ral Ho	AUTOPSY	Spr.	. Md. 20
shock or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions are also expected by the conditions of the condition	complications that List only ona cause a. Due TO (b. Due TO (d. D. Due TO (d. D. Due TO (d. D. Due TO (d. D. Due TO (d. D	caused the death se on each line. JHOT OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE death but not rea	th. Do not ent th. Do not ent the Corp. ENCE OF): ENCE OF):	underlying ca	use given in	Fune sphir ch as cerd	ral Hoe Ave, lec or reepi	AUTOPSY	Spr.	Approximate Interval Betwee Onset and Desi MINUTE MOUTH.
shock or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions are all the conditions of the cond	complications that List only ona cause a. Due TO (b. Due TO (d. D. Due TO (d. D. Due TO (d. D. Due TO (d. D. Due TO (d. D	caused the death se on aach line. J 4 0 T (OR AS A CONSEQUIO (OR AS A CONSEQUI	th. Do not ent th. Do not ent the Corp. ENCE OF): ENCE OF):	2. NAME AND AI INC. 1800 Ne 1800	use given in	Fune sphir ch as cerd	24a. WAS AN PERFOR	AUTOPSY	24b. WEF	Approximate Interval Betwee Onset and Desi MINUTE MOUTH.
shock or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant conditions are all the conditions of the cond	Complications thet List only ona cause a. DUE TO (b. DUE TO (c. DUE TO (d	caused the death se on aach line. J 4 0 T (OR AS A CONSEQUIO (OR AS A CONSEQUI	Th. Do not ent LUO ENCE OF): ENCE OF): Builting in the DOA 4 N 28b. TIME OF INJURY M	2. NAME AND AI I'NES / RI 1800 Ne er the mode of the m	use given in	Fune sphir ch as cerd leaves as cerd	24a. WAS AN PERFOR	AUTOPSY MAD NO	24b. WEF AMAI COA OF 1	Approximata Interval Betwee Onset and Dest MINUTE MONTHS

24 Rd Hyattsville MD 20781

31. DATE FILED (Month, Day,

DHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Lest)	S JULIA	GRA	BILL	LL GRIFFIN			2. DATE OF DEATH BAY 91					
4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. I		IF UNDER 1 YE		UNDER 2		7. DATE OF BIRTH			HPLACE (State or Foreign	
280-24-9728	1 □ M 2 💢 F	87	YRS.	MONTHS DA	YB HO	DURS	MIN.	8 31 1	903	Count		
9a. FACILITY NAME (If not institution, give				9b. CITY, TO						NTY OF E		
60 Timber Rid	ge Driv	е		Wes	tmi	ns	ter		Ca	rro	11	
10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR L	OCATION						10d, INSIDE CITY	
MD Ca	rroll			Wes	tmi	ns	ter				LIMITS?	
10e. STREET AND NUMBER						P CODE					WHAT COUNTRY?	
60 Timber Rid	ge Driv	е			2	2115	57		U	.S.		
11. MARITAL STATUS 1 Never Married 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2 2	ARMED NO	If yo		y Cuben	, Mexica	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	or No-	Spec	E — American Indian, kk, White, etc. hite	
15. DECEDENT'S ED	UCATION le completed)	16a. I	DECEDENT'S	USUAL OCCU	PATION	f working	,	166. KIND OF BU	SINESS/IN			
Elementary/Secondary (0-12)	College (1-4 or 5		Homemaker n/a									
12												
17. FATHER'S NAME (First, Middle, Last) Reuben E. Gra	hill			18. MOTHER'S NAME (First, Middle, Meiden Sumame) Rertha Trana Harn								
19e. INFORMANT'S NAME (Type/Print)		in Hanni	Bertha Irene Harp 15. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Dr. Dean H.							Aoute Number, City or Yow stminster			21157		
		20b. Pl AC		SITION (Name						_	own, State	
20. METHOD OF DISPOSITION 1 A puriel 2 Cremation 3 Red 5 Donation 8 Other (Specify)	moval from State	other	place)					metery			own, Md.	
1. SIGNATURE OF FUNERAL SERVICE L	JCENSEE .							neral Ho				
Dahamt W	Desire to the	0										
Robert K. 23. PART I. Enter the diseases, pr								ngton Rd		_	MINSTER,	
disease or condition resulting in death)	. Mpe		5108	Hee	avt		Di	sease			5 mi	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c		AS A CONSEQUENCE OF):									
that initiated events resulting in death) LAST	d	(ON AS A CONS										
PART II. Other eignificant condition	one contributing to	death but no	resulting in the underlying cause given in Part I. 24a, WAS AN AUTOP				AUTOPSY	SY 24b. WERE AUTOPSY FINDS				
								PERFO		-	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL	T	_	_		26. PLAC	E OF DE	ATH /C/	heck only one)				
EXAMINER?	HOSPITAL:	ER/Outnations	3 DOA	OTHER:				- A	200	do	nce	
27. MANNER OF DEATH	28e, DATE OF	INJURY	28b, TII	ME OF 28	c. INJUR	Y AT	- CONTROL	28d. DESCRIBE HOW			,,,,,	
1 Natural 5 Pending	(Month, L	Ney, Year)	IN	JURY M 1	WORK		NO					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C	of INJURY — At etc. (Specify)	home, farm,	street, factory,	office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
one)								e to the cause(e) end ma			(a) and manner ee state	
GIGNAN RE ANDRITTLE F CERTIF	ER S				2:	9c. LICE	NSE NU	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)	
John bell	ma)						-	296	>	7/8	191	
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (I	TEM 27) (Typ	e, Print)						/ 0	1 . /	
R. Ricketts	MD	CC	6+		Je:	st.	mı	nster i	m L) '	21157	
31. DATE FILED (Month, Day, Year)		AR'S SIONATURE										

OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	124 hours after death. Page 6 may be retained by the hospital or attending physicic
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-to filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlat, cremation, or removal.	y filled in by the funeral director, page 5 should be detached for use as the burlat-ti
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

	REGISTRAR			CENTIF	ICAI	E UF	DEA	111	F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) FRANCIS Louis			GRAGNANI				2. DATE OF DEATH MONTH DAY			YEAR 9.00 A.M.			
	FRANCIS 4. SOCIAL SECURITY NUMBER							7. DATE OF BIRTH		•	8. BIRTHPLACE (State or Foreig			
		5. SEX	6. AGE (In yrs.		MONTHS	-	HOURS	MIN.	(Month, Di	ly, Year)		Countr	y)	
	014-07-0071 1 ¹ X ^M ² □ F 74			YRS,					06-08-1917			Fall River, Mas		
_	9a. FACILITY NAME (If not institution, give atreet and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c						9c. COU	c. COUNTY OF DEATH		
9	6400 Queens Chapel Road				Hyattsville Prince (Georges			
DIRECTOR	RESIDENCE OF DECEDENT 10s. STATE 10s. COUNTY				10c. CITY, TOWN OR LOCATION 10							10d. INSIDE CITY		
<u>E</u>											LIMITS?			
	Maryland Prince Georges 10e. STREET AND NUMBER				Hyattsville								1 X YES 2 NO	
FUNERAL	Section of the sectio		10f. ZIP CODE				10g. CITIZEN C				WHAT COUNTRY?			
9	6400 Queens Chape		20782					U.S.A						
ᆵ	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N												 RACE — American Indian, Black, White, etc. 	
B	1 Never Married 2 A Married 3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES YES WW-2				1 YES 2 NO Specify:					r: Spe				
					NO			white			e			
	15. DECEDENT'S EDUC (Specify only highest grade		168.	(Give kind of life. Do NOT u	work don	e during m	ost of work	ing	16b. Kii	16b. KINO OF BUSINESS/INOUSTRY				
	Elementary/Secondary (0-12) Collega (1-4 or 5+)						out i	***	Colf Employed			od		
M	12th	4 yrs.		Dusti	1688	EXE	Executive			Self Employed				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N.					lle, Maiden	Surname)			
8	Joseph Gragnani								aruso					
2	19a. INFORMANT'S NAME (Typa/Print)								Route Number,					
ř	Charlotte Gragnar	ıi		6400	Que	ens	Chap	el R	d., Hy	atts	vill	e, Mo	1. 20782	
	20a METHOD OF OISION TION 1 Ω Burlal 2 □ Cremellon 3 □ Rem	med from State	20b. PLA	CE OF OISPO	SITION (Name of ce	metery, cre	matory or		20c. LOCATION City or Town, State				
	4 Donation 5 Donat (Speciff)	111	St.	Patri					Fall River, Mass.					
	1 N Burlal 2 Cremellog 3 Removal from State St. Patricks Cemetery Fall River, Mass.											CE DA		
	- / Kut /	J/3	206	ken									ne, P.A. D. 20781	
	23. PART I. Enfer the diseases, or o	complications the	t ceuaad tha	daath. Do									Approximate	
	shock, or heert fellure. List only one cause on each line.										Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition Adenocarcinoma of the Prostate (3-89)													
	resulting in deeth) a. Interrocal Circuit of the Trostate (5 07)													
	DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):													
F	If any, leading to immediate													
윤	CAUSE (Disease or injury													
Ē	thet initieted events resulting in death) LAST													
8	d													
7	PART II. Other significent condition	ot resulting	resulting in the underlying cause given in Part					Part I. 24a, WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDICAL								1 _ YES 2 (\$\frac{1}{2}\frac{1}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}{2}\frac{1}			COMPLETION DF CAUSE			
									OF DEATH?					
Σ.									_					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. 1	PLACE OF	DEATH (C)	neck only one)					
	EXAMINER? 1 YES 2 NO		OTHER:											
¥	27. MANNER OF DEATH							a U Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED						
4	27. MANNER OF DEATH 1 Featural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)				INJURY WORK?						NJUNT O	CCURED		
ВУ	2 Accident Investigation		M 1 YES 2 NO			□ NO	28f. LOCATION (Street and Number or Rural Route							
	3 Suicide 8 Could not be		OF INJURY — A , atc. (Specify)	t home, farm,	atreet, fr	ectory, off	ice			ON (Street lown, State)		er or Rural i	Route Number,	
COMPLETED	4 Homicide determined													
2	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best o	f my knowledge	, death occur	red at the	e time, de	te and plac	e, and due	to the cause	a) and ma	nner as st	ated.		
8	anal .	R: On the basis of a	xamination and	l/or investigati	on, in m	y opinion,	death occ	ured at the	time, data an	d place, ar	d due to	the cause(a) end manner as stated.	
8	NIII HE SI VI MO									191				
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											0///		
										_		2000-		
	Albert E. Rolle,		00 Res		Rd	., N	.W.,	Wast	ningto	n, D	.C. 2	20007		
	JUN 18 '91	12. REGISTR	AR'S SIGNATUR	9Q_										
- 1	S ICOTION	man inmide	2 - Mariano											



(Ì	STATES OF	j
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	he filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to build, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, L.	Giff	. 1				2	DATE OF CEAT	Н	3, 1	TIME OF DEATH
	Doris R.				MONTH	DAY OYEAR		435+			
	4. SOCIAL SECURITY NUMBER 287 - 18 - 760	9 5. SEX	6. AGE (In yrs.	YRS. MOI	UNDER 1 YEAR NTHS DAYS	HOURS	MIN.	DATE OF BIRTH (Month, Day, Yo.	7924	West	Virgin
DIRECTOR	Se. FACILITY NAME (If not institution, give street and number) Anne Arundel Medical Correspondence of Decement			ter 96	Ann	0 -	0 0 .	EATH 9c. COUNTY OF CEATH			
) H	10a. STATE 10b. CO		10c. CITY, TO	OWN OR LOC	ATION		10d. INSIDE CITY				
- 10	Maryland Ann		Cro	fton				LIMITS?			
RAL	100. STREET AND NUMBER	,	1	of, ZIP CODE 21	114	10g. CITIZEN OF WHAT O					
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 📉 Married 3 Widowed 4 Divorced	ARMED NO	If yes, s			ORIGIN? (Special Puerto Rican, etc	L)	Specify:	14. RACE — American Indian, Black, Whita, etc. Specify: Caucasian		
8		1s, DECEDENT'S EDUCATION (Specify only bighest grade completed)					2	16b. KIND OF BUSINESS/INDUSTRY			Lan
LET	Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)									
COMPL	-12- 17. FATHER'S NAME (First, Middle, Last		legister	cu ma		FR'S NAME	Municipal Hospitals E (First, Middle, Melden Surname)				
_		Herman E.	High				eorgi			leton	
TO BE	190. INFORMANT'S NAME (Type/Print) Joseph H. Giff		90. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1575 Crofton Parkway Crofton, Maryland 21114								
	20a. METHOD OF DISPOSITION 1 Surlai 2 Cremation 3 4 Donation 5 Other (Specify)	of cameta	CE AND DATE OF	other placa)			20c. LOCATION — City or Town, Stata Davidsonville, Maryl				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lakemont Memorial Gardens 22. NAME AND ADDRESS OF FACILITY Beall-Evans Funeral Home, P.A. 16000 Annapolis Road Bowie, Maryland 20										
	23. PART I. Entar the disease,				enter the m	O Anna	ng, such s	s Koad	ROWIE .	Mary I	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONDICUENCE OF): Interval Bet Onset and I of the Constant of										
	disesse or condition	a. DUE TO	L	ma	tor		(8	jupla	ocy h	0	Interval Be
rion	disease or condition resulting in death) Sequentielly list conditions,	T b	L	MOUENCE OF	tor		(8	Jupla Jupla Leck	enu	ca	Interval Bet
TIFICATION	disesse or condition resulting in death)	b	O (OR AS A CON	SEQUENCE OF):	tor		(8)	Justi Justi Leik	ecyt	cia	Interval Bet
CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONS	SEQUENCE OF):	tron		(8)	Jupla Jupla Lerek	ecyt	ca	Interval Bet
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigated a Suicide 6 Could not determine Check only 1 CERTIFYING F	b. DUE TO c. DUE TO d	O (OR AS A CONSTITUTE OF INJURY — At (), etc. (Specify)	SEOUENCE OF): SEOUEN	26. THER: Nursing Ho	PLACE OF DI PLACE	EATH (Check sidence 8 2 2) NO 2 2	only one) Other (Specified City or Rown. St. LOCATION (Schy or Rown. The cause(a) and ne, data and pla	AS AN AUTOPSY RECORMED? ES 2 NO Notice and Number State) d manner as store, and due to	24b. WE AMP CO OF 1 [Interval Bet Onset and I I I I I I I I I I I I I I I I I I I
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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SION OF VITAL RECORDS, P.O. BOX 6876	ENDING PHYSICIAN: The law requires that the death certificate be executed
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	4. SOCIAL SECURITY NUMBER 162 03 4743	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR DAYS	IF UNDER 24		TE OF BIRTH	1	. BIRTHPLA Country)	CE (State or Foreign
	9a. FACILITY NAME (if not institution, give a	1 M 2 TF	81	YRS.	ah CITY	TOWAL (OR LOCATION	NO.	V. 13.	1909	P OF DEAT	A
æ	Souldern Man	-y Land	Hospi	tal	2	lin	to)		Div	Ce	Genle
СТОВ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		.,		, TOWN	D LOCAT	TION			1 - 1 -	140	d. INSIDE CITY
DIRE	D. C.			10c. C11		HINC						YES 2 NO
FUNERAL	10e. STREET AND NUMBER 3441 14th S	T., N. W				101	f. ZIP CODE	20010		10g. CITIZI	US	A COUNTRY?
B≺	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Olvorced		NT EVER IN U.S. A 1 YES 2 X WAR OR DATES	ARMED JNO		If yes, sp	ecity Cuban,	HISPANIC ORIG Mexicen, Puerl Specify:	GIN? (Specify Ye to Rican, atc.)	a or No— 1	4. RACE — Black, W Specify: WHIT	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			Give kind of ville Do NOT us SECRE	rork done			1	FED.	GOVT.	STRY	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) JOHN SALMON								t, Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print)	8155					and Number or	Rural Route No	N, PA.	wn, State, Zip C		
	ELEANOR SHUTZ 200. METHOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Ren	noval from State		CE AND DATE	OF DISP	OSITION	(Name		ATE 20c. LC	ANDOVE	ty or Town,	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE!		TETICIO	22.	NAME A	ND ADDRESS	OF FACILITY H. IN		ANDOVE	IN, MI	<i>)</i> .
	120.0	Du	0						N. W.	20010		
CERTIFICATION	If sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in deeth) LAST	c	O (OR AS A CONS	SEQUENCE OF	الم	_	()	Bel	2			
MEDICAL CI	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.						PERFORMED? 1 YES 2 NO AMAILAB COMPLE OF DEAT		ERE AUTOPSY FIND ALLABLE PRIOR TO OMPLETION OF CAU DEATH?			
CI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		4 F 2004	OTHE	R:	5-10	ATH (Check only				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE O		28b. TIM		28c. IN.	JURY AT ORK?		DESCRIBE HOW	INJURY OCC	JRED	
red BY	2 Accident Investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Ro City or Town, Steet)								or Rural Rout	e Number,		
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN											nd menner as stat
BE	296. SIGNATURE AND TITLE OF CERTIFI		(ler	2)			,	ISE NUMBER				onth, Day, Year)
ТО	30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CA	ON SA	TEM 27) (Type	Print)		85	26 W.	odela	MCI	93	578
	31. DATE FILED (Month, Day, Year) JUN 19 391		AAR'S SIGNATURI		, ,)		CE	7ms		IVICA	/ do	0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

MARDINER

19555

OHMH-15 Rev 1/89

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2. DATE OF OEATH MONTH DAY

	REGISTRAR		CI	RTIFIC	CATE	OF DEATH	-	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last,							e 25,1	OO1 YEAR	3. TIME OF DEATH			
	Fred Anderson									4:45PM			
	4. SOCIAL SECURITY NUMBER 215-20-3194	12 M 2 □ F	6. AGE (In yrs. les	YRS.	IF UNDER 1 YE	YE HOURS MI	N. (Month	DE BIRTH , Day, Year) 20,192	9 We	ATHPLACE (State or Foreign Intry) Est Virgini			
стов	90. FACILITY NAME (If not institution, give Althea Woodland		Home		Silv	on Location of Jer Sprin	er death 19		Montgo				
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUN	TY		10c CITY	TOWN OR L	OCATION				10d. INSIDE CITY			
DIRE		nce George	e's		andyw				44- 01717711 0	LIMITS? 1 YES 2 NO F WHAT COUNTRY?			
FUNERAL	5912 Accokeek F					206			U	S.A.			
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEOENT FORCES? 1] IF YES, GIVE W	YES 2 P	NO 3	If ye	DECENDENT OF HI a, apacify Cuban, M YES 2 ZNO S	SPANIC ORIGIN exican, Puerto F pecify:	? (Specify Yea o	Sk	ACE — American Indian, lack, White, etc. pecify: JCASIAN			
8	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed)	16a, DE	CEDENT'S U	SUAL OCCU	PATION g most of working	18b.	KIND OF BUSI	NESS/INDUSTRY				
COMPLET	Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	ilfe	(Give kind of work done during most of working life. Do NOT use retired.) Salesman				Furniture					
COM	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER	Alddle, Malden S	Surname)					
141		derson Gra						mie M					
0	19a. INFORMANT'S NAME (Type/Print)		19			reet and Number or F	lural Floute Numb	er, City or Town,	, State, Zip Code)				
	Rose Mary Gray		1 600 51 65			10 A-F	1 :		ATION CO.	Town State			
	20g. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Re	moval from State	Pt. L	crematory of	or other place)	6 29 C		ATION — City of				
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FURNISHED SERVICE I	icpege//	дес. д	TICOTI			F FACILITY T	T Dreu	eral II	Maryland ome, Inc.			
TO BE	23. PART I. Enter the disesses, Di	WAS			663	33 Old A	Lexande	r Ferr	y Rd C	linton, Md			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
l G	PART II. Other significant conditi	ons contributing to	death but not	resulting in	the under	riving cause give	n in Part I.	24a. WAS AN /	MITOPSY	24b. WERE AUTOPSY FINDIN			
AN: MEDICAL CE	- The organism soften		- July Hot	. Joseph II	. viid official			PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL					28. PLACE OF DEAT	H (Check only or	10)					
SICI/	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTAER:	Home 5 - Reside							
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, De	INJURY	28b, TIME	OF 28	c. INJURY AT WORK?	28d. DE		JURY OCCURE				
0	2 Accident Investigation 3 Suicide 6 Could not be determined 5 Could not be determined 1 Accident 5 Could not be determined 1 Accident 5 Could not be determined 1 Accident 5 Could not be determined 1 Accident 5 Could not be determined 1 Accident 5 City or Town, State)									rel Route Number,			
	4 Homicide determined building, etc. (specify) 29e. CERTIFIER (Check only Check on C												
MPLET	(Check only				296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, M								
BE COMPLET	(Check only 1) CERTIFYING PHOOD ON 2 MEDICAL EXAMI	NER: On the beels of a	remination and/or	Investigation				and place, and					
MPLET	(Check only 1) CERTIFYING PHI	NER: On the beels of a	cemination and/or	Investigation	Print)			and place, and		RED (Month, Day, Year)			

TO BE COMPLETED BY FUNERAL DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ho
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit as find within 72 hours after charb with the State Dear of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING PHYSICIAN:	ECTOR: After this certifical states death with the Str	n 28 is marked, or it
TO THE HOSPITAL OF	TO THE FUNERAL DIF	IMPORTANT: If Ite

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE REG. NO.

1 - STATE REGISTRAR	STATE OF MARYLA		TENT OF HEALTH AND ATE OF DEATH	MENTAL	HYGIENE REG. NO.	91 1	9557
1. DECEOENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH DAY	YEAR 3. TIM	E OF DEATH
DAVID	Lee		GIBSON	6			:31 A.M
4. SOCIAL SECURITY NUMBER 5	S. SEX 8. AGE (In		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)	8. BIRTHPLACE Country)	
221-42-2122	M 2 □ F	34 YRS. MO	NTHS DAYS HOURS MIN.		1-1956		gton, D.C
9e. FACILITY NAME (If not institution, give street	it and number)	96	CITY, TOWN OR LOCATION OF E			INTY OF DEATH	
PFINCE GEORGES COU	NTY GENERAL	HOSPITAL	CHEVERLY		PR	INCE GEO	ORGES
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNTY		A Training	OWN OR LOCATION			10d. If	ISIDE CITY
	Georges	Capi	tal Heights				YES 2XXNO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CIT	IZEN OF WHAT C	OUNTRY?
1613 Pacific Ave.			20743			U.S.A.	
	2. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic			14. RACE — Am Black, White	ericen Indian,
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DAT		1 YES 2 NO Spec			Specify:	
						1	white
15. DECEDENT'S EDUCAT (Specify only highest grade col		(Give kind of work	done during most of working	16b. I	CIND OF BUSINESS/IN	DUSTRY	
	College (1-4 or 5+)	ille. Do NOT use re		M	1. 7.0	1 0	
8		Truck Dr			dical Sup	pry Co.	
17. FATHER'S NAME (First, Middle, Last)					ddle, Maiden Surname)		
Jesse G. Gibson			01ivia				
19a. INFORMANT'S NAME (Type/Print)		The second secon	DRESS (Street and Number or Rura			(p Code)	
Olivia Gibson		10604 R	idge Dr. Clint	con, M	D. 20735		
20e. METHOD OF DISPOSITION 1 🖾 Burlel 2 🗆 Cremation 3 🗆 Remove			FOISPOSITION (Name	OATE	20c. LOCATION —	City or Town, Sta	te
4 Donation 5 Other (Specify)		emetary, crematory or d dar Hill	Cemetery 6	5/25/9	1 Suitlan	d. MD.	
21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AND ADDRESS OF F			8 Suitla	1 01
Duya L	Delba	L	Robert E. Wil		Inc. Sui	tland, N	ina ka. 1D. 20746
23. PART I. Enter the diseases, or cor shock, or heart fallure, Lis	nplications that caused	tha death. Do not	anter the mode of dying, su	ich ae cardi	ac or reapiratory as		Approximate Interval Between
IMMEDIATE CAUSE (PITE)	K Olla Cadee Oll ea	on ma.					Onset and Death
disease or condition		WON THOM	1.06010			1	
	ACUTE CORON	WKZ UNISUN	MACKET				
resulting in death) a.	DUE TO (OR AS A	CONSEQUENCE OF):	NOUSIS				
				DISE	ASE		
Sequentielly list conditions, b.	ARTERIOSCUE		Plovascular	DISE	ASE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	ARTERIOSCUE	ROTIC CAR		DISE	ASE	[F1] 4,53	
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	ROTIC CAR		DISE	EASE .		
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	CONSEQUENCE OF):		DISE	TASE .		
Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	POVASCULAR				
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	POVASCULAR		24a. WAS AN AUTOPSY PERFORMED?		AUTOPSY FINDINGS
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Like Daviden Randall

1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFI	CATE OF	DEATH	А	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH	
Eugene L. Graves	S					13-1991	TEAN	01:30	Ам
4. SOCIAL SECURITY NUMBER	6. SEX 6. /	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E (Month, Da	BIRTH	8. BIRT	HPLACE (State or Fore	lgn
578-07-1589	1XXM 2 □ F	80 YRS.	MONTHS DAYS	HOURS MIN.	8-10-			Va.	
rox Chase Nursing	In Frank Ma	st Hwy.		Spring	EATH		t gome		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		140. 0070	, TOWN OR LOCA	7001				10d. INSIDE CITY	
	/A			on, D.C.				LIMITS?	Ю
5516-1st St. N.	W .		10	20011		10g. Cf	USA	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 120 IF YES, GIVE WAR	YES 2 NO	If yes, sp	CENDENT OF HISPAI Becify Cuban, Maxica 3 2 NO Specif	en, Puerto Rica		14. RAC Blac Spec	E — American Indian ck, White, etc. city: Black	i.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT ue	vork done during me e retired.)	ON ost of working		eral Gove		224	
17. FATHER'S NAME (First, Middle, Lest)	2 years	Clerk		16 MOTHER'S NA		le, Maiden Surname)		ent	
Spurgeon Graves				Kate S					
19a. INFORMANT'S NAME (Type/Print)		195 MAILING	ADDRESS (Street	and Number or Rural		City or Town State 2	in Codel		_
Clara Graves				V., Washi					
20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION	(Name	DATE	20c. LOCATION			
1 Burial 2 Cremation 3 Remo	val from Stata	of cemetary, crematory Harmony M	or other place)	Park	6-18-	91 Lai			
21. SIGNATURE OF FUNERAL SERVICE LICE		A /	22. NAME A	ND ADDRESS OF FA	CILITY Fra	zier's F	runer	al Home	
· W.J.	ster		389 R1	node Isla	and Ave	e. N.W.,	Wasl	n., D.C ₂₀₀	01
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR	D METASTAT: AS A CONSEQUENCE OF SIVE CARDIO AS A CONSEQUENCE OF	F): OVASCULÆ F):						
PART II. Other aignificant conditions	s contributing to de	eth but not resulting i	In the underlyir	ng cause given in		PERFORMED? YES 2 NO	Y 24	Ib. WERE AUTOPSY FIN MAILLABLE PRIOR T COMPLETION OF CO OF DEATH?	TO AUSE
25. WAS CASE REFERRED TO MEDICAL			00.5	ACE OF DEATH 40	hank anti-anat				
EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C					
1 VES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	26a. DATE OF INJ (Month, Day,		E OF 28c. IN	JURY AT ORK?		pecify) IBE HOW INJURY O	CCURED		
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF IN	IJURY — At home, ferm, ((Specify)		YES 2 NO	28t. LOCATH City or 7	DN (Street and Numb fown, State)	per or Rura	I Route Number,	_
4 Homicide determined	DIANI, To the best of	handle de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la colonia de la	and and the sales				4-4-3		
(Check only one) 1 CERTIFYINO PHYSIC ONE) 2 MEDICAL EXAMINE	R: On the besia of axem							e(a) and manner as st	nted.
SIGNATURE AND TITLE OF CERTIFIER	1	EFILITI		29c. LICENSE NU	MBER	29d. D	ATE SIGNE	ED (Month, Day, Year)	
2) CROD		Attending 1		D20678				5-91	
EDWARDA M. BUDA,		of DEATH (ITEM 27) (Types 1140 Var	num St.	Pershir N.E., Wa	ng Driv	re, Silve	er Sp	oring, MD	
31. DATE FILED MONTH DOX YOU 91	32. REGISTRAR'S							110	3

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 28 mours after death. Page 6 may be retained by the law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

9	2
IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 nours after de-	L. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.		
		arcia	Glic	k		2. DATE OF DEATH MONTH May 6,	1991	3. TIME OF DEATH 11:09 P M	
	105-32-0427	□ M 2 X F 5	YRS.	IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year Oct. 19	, 1939	BIRTHPLACE (State or Foreign Country) NEW YORK	
TOR	90. FACILITY NAME (If not institution, give street Howard County Gene	No. of the last of		ob. city, town	on Location of DE	EATN	9c. COUNTY		
DIREC	100. STATE 10b. COUNTY Maryland Howard			TOWN OR LOCA	TION		2	10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL DIRECTOR	10. STREET AND NUMBER 7517 Broken Staff				21045	1		ed States	
BY	11. MARITAL STATUS 12. 1 □ Never Merried 2 □ Merried 3 □ Widowed 4 □ Divorced	WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	if yes, sp		NIC ORIGIN? (Specify in, Puerto Rican, etc. y:		RACE — American Indian, Black, White, etc. Specify: White	
BE COMPLETED	15. DECEDENT'S EDUCATII (Specify only highest grade com Elementary/Secondary (0-12) Co	ON pleted) ollege (1-4 or 5+)		ork done during me retired.)	ON ast of working				
COM	17. FATHER'S NAME (First, Middle, Last) Harry Glick		PSYCHO	logist		ME (First, Middle, Mai	Medical den Surname)		
	19e. INFORMANT'S NAME (Type/Print)		105 MAIL INC.	DDDESS (Swart	Eva My	Printz Route Number, City or	Y Divis 7 O-	214	
5	Deanna Mendelson					, Brookl			
	200, METHOD OF DISPOSITION	20	b. PLACE OF DISPOSI	TION (Name of co	metery, crematory or	20c	LOCATION — City		
	1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal 4 🗆 Donation 6 🗆 Other (Specify)	from State	ew Montef	iore Ce	meterv	P	inelawn.	New York	
	21. SIGNATURE OF FUNERAL SERVICE LICENS BULLEN CHARLES BULLEN CHARLES EE Rapa		Rapp	Funeral Gist Ave	Service:	s, P. A.			
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and I Support Cause Consequence of: DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
0	PART II. Other significant conditions of	ontributing to deeth i	but not resulting in	the underlyin	a cause given in	Part i. 24e, WA	S AN AUTOPSY	24b, WERE AUTOPSY FINDINGS	
: MEDICA	END STAGE DIVORCTES	RONAL	DUSCED!			PEF	FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	neck only one)			
Sic		OSPITAL: Inpatient 2 X ER/Out		OTHER:	ne 5 🗆 Residence	6 Other (Specify)			
ву РНУ	27. MANNER OF DEATN 1 X Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE NOW INJURY OCCURED		RED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	Y — At home, ferm, s scfly)	reet, factory, offi	De	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLETED		N: To the best of my know						cause(e) and manner as stated.	
BE	296. SIGNATURE AND TITLE OF CENTURE	F. More	enlim		29c. LICENSE NU D 2039			7, 1991	
5	30. NAME AND ADDRESS OF PERSON WHO CO Charles F. Hoesch				Blvd., E	Baltimore			
	MAY 9 191	32. REGISTRAR'S SIGI	NATURE CON-Randell						

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

C		s	
BALTIMORE, MARYLAND 21203-3146	er nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burlal-transit per- tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a month and not attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permanents of miled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR			U	HILL	CALE OF	- DEA	I H		REG. NO.			
1. DECEDENT'S NAME (First		Mary Louise						JUI	ne 27,	1991		8:35 P
213-38-1902		5. SEX 8. AG	E (In yrs. les		F UNDER 1 YEAR SONTHS DAYS	HOURS	24 HRS. MIN.	7. DATE (Mont	of BIRTH	14	Country	PLACE (State or Foreign /) /land
a. FACILITY NAME (If not in	stitution, give :	street and number)			9b. CITY, TOWN	OR LOCATI	ON OF D			-	NTY OF D	
1924 Grace		Road			Silver	Spri	ing			Mon	tgom	ery
a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION					П	10d. INSIDE CITY
Maryland	Mont	gomery		Silv	er Spr							LIMITS?
.924 Grace	Church	Road			'	of. ZIP COD	7	0910				States
. MARITAL STATUS Never Married 2 X Widowed 4 Dive		12. WAS DECEDENT EVEL FORCES? 1 YE IF YES, GIVE WAR OF	3 2 X P	MED	If yes, t	ECENDENT Coperation Coupers 2 X NO	ın, Mexica	nn, Puerto	i? (Specify Yes Ricen, etc.)	or No-	Specif	- American Indian, t, White, etc. by: White
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Elementary/Secondary (College (1-4 or 5+)	Ho.	Secre	retired.)				Churc	h		
FATHER'S NAME (First, A	ficidle, Lest)					18. MOT	HER'S NA	ME (First,	Middle, Melden			117-11
Emory P.	Haslu	ıp qı				L	ouis	e Ba	ldwin			
. INFORMANT'S NAME (ADDRESS (Street							
Thomas L. (1	924 G	race C	hurch	Roa	d, S				MD 20910
a. METHOD OF DISPOSIT Burlal 2 X Cremati Donation 5 0the	on 3 🗌 Ren	novel from State	SUDUI	of Disposi	TION (Name of a Cremato	remetery, cred	metory or		4.4	cation -		wn, State g, Maryla
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EXAMINER?	O MEDICAL	HOSPITAL:	hubmatlant f	□ 200	OTHER:	14	-					
MANNER OF DEATH		1 inpetient 2 ER/C	ay .	28b. TIME	4 Nursing H	NJURY AT	esidence		SCRIBE HOW	NJURY OC	CURED	
V	Pending Investigation	(Month, Day, Yea	v)	INJE	M 1	YES 2 (] NO		, state (ION)		,	
3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF INJU building, etc. (S	JRY — At he Specify)	ome, farm, si	reet, factory, of	fice			CATION (Street or Town, State)		r or Runul F	Route Number,
one) 2 MEE	HCAL EXAMIN	SICIAN: To the best of my kr										o) and manner as stated
Much signature and title	teks	udes m	D				3 5	MBER 16	2			(Month, Day, Year)
		no completed cause of adder, M.D.	DEATH (ITE	M 27) (Type,		Sprin	na S	t. S	lver	Sprin	ng. M	D 20910
I. DATE FILED (Month, Day	Year)	32 REGISTRAR'S S	GNATURE	2.00	1100	OPILI	,4 5	J, J.			31.7	2 207 10

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.
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TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit he filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	William L	eslie Cra	nt		2. DATE MONTH	OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 225-56-8283	<u>f√∑</u> M 2 □ F	E (In yrs. last birthday) 46 YRS.	F UNDER 1 YEAR MONTHS DAYS		(Month	OF BIRTH h, Day, Year) 13 194		BIRTHPLACE (State or Foreigh Country) /irginia
90. FACILITY NAME (If not institution, give st 80 A Bureau Dri RESIDENCE OF DECEDENT		4		rsburg	EATH		Montg	of DEATH gomery
10a. STATE 10b. COUNTY Maryland Montg			thersbu					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 80A Bureau Drive				101. ZIP CODE 20878			U.S.A	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried N Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	13. WAS D If yes, 1 — Y	ECENDENT OF HISPAI specify Cuben, Mexico ES 2/LINO Specif	NIC ORIGIN an, Puerto I fy:	1? (Specify Yes o Ricen, etc.)	or No- 14.	RACE — American Indien, Black, White, atc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		180. DECEDENT'S (Give kind of the Do NOT the Book B	work done during : se retired.)	TION most of working		KIND OF BUSH		TRY
17. FATHER'S NAME (First, Middle, Last) Carlton William	Grant			16. MOTHER'S NA Elizabe				
19a. INFORMANT'S NAME (Type/Print) Sandra G. Hancoc	k			c and Number or Rural Crest Di				
20e. METHOD OF DISPOSITION XX Surial 2		20b. PLACE AND DAT of cemetary, crematory Jonesboro				20c.LOC		or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	M0089		Neer Par				al Home arg, MD 20877
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	OF):	ont	ena	na	BiCo	ca Soc
PART II. Other algnificant condition	ns contributing to deat	h but not resulting	In the underly	Ing cause given in	Pert I.	24e. WAS AN A PERFORM	NED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINEDATION OF S 2 ON NO	HOSPITAL:	outpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C				1
27. MANNER OF DEATH 1 Naturel 5 Pending	28e. DATE OF INJUR (Month, Day, Yea	RY 28b. TIS	ME OF 28c.	INJURY AT WORK? YES 2 NO	T	SCRIBE HOW IN	JURY OCCUP	RED
2 Accident investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJU building, etc. (S	JRY At home, farm, Specify)	street, factory, o	Hice	2at. LOC City	CATION (Street ar or Town, State)	nd Number or	Rural Route Number,
cont only	ICIAN: To the best of my kr							cause(a) end manner ee stated.
296, SIONATURE AND TITLE OF CERTIFIE	we.	000	>	29c. LICENSE NU	IMBER 354	46	29d. DATE S	GIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	32. REGISTRAR'S S	85		15 con	-21	~ 1	Acre	किंग उद्देश

12

YEAR

7. DATE OF BIRTH

OCT.23,1921

3. TIME OF OF ATH

4. SOCIAL SECURITY NUMBER

579-26-3293

RESIDENCE OF DECEDENT

AL bert

9a. FACILITY NAME (If not institution, give street and number)

HOLY CROSS HOSPITAL

S. SEX

1 M 2 F

den

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY. TOWN OR LOCATION OF OEATH

SILVER SPRING

DAYS

6. AGE (In yrs. last birthday

YRS.

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y the atten	nd Mental	Injury.
ed by the atten	th and Mental	any injury, or other traumatic event, the medical examiner must be notified

AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR 10c. CITY, TOWN OR LOCATION MARYLAND MONTGOMERY WHEATON FUNERAL 10e. STREET AND NUMBER 12525 ATHERTON DRIVE 20906 oltal or attending physician. 11. MARITAL STATUS 12. WAS OCCOONT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 X Marrie If yes, specify Cuban, Mexican, Puerlo Rican, etc.) 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced WW II COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) 4 TAX AUDITOR D.C. GOVERNMENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname, BYRON HAYDEN ADA BAYARD BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KATHRYN T. HAYDEN 24 hours after death. Page 6 may be (WIFE) 12525 ATHERTON DRIVE WHEATON, MARYLAND 20b. PLACE ANO DATE OF DISPOSITION (Name DATE GATE OF HEAVEN CEMETERY 7/6 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC. 500 UNIVERSITY BLVD. W. STL. SPR 23. PART i. Enter the disesses, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final ardiae thma disesse or condition resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DUE TO (OR AS A CONSEQUENCE OF) 20108012000 COLEMANA CERTIFICATION Sequentielly list conditions, OUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL abstructure C TI TES 2 NO e has been signer e Dept. of Health m 23 shows a PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate the the State I item HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 YES 2 NO OTHER: 4 Nursing Home 6 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED with to marked, 6 Pending Investigation Natural 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Tourn State) 100 3 Suicide DIRECTOR: A hours after d ETED 8 Could not be determined 4 Homicide COMPL 29a. CERTIFIER (CEDIFFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. FUNERAL E IMPORTANT: If I 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. OATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 語言 2 2 3 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10 5 pour WISCONSIN 32. REGISTRAR'S SIGNATURE
GUNA DAY OLON-Pandelle 31. DATE FILED (Month, Day Year)

P M 8. BIRTHPLACE (State or Foreign WASHINGTON, D.C. Sc. COUNTY OF GEATH MONTGOMERY 1 YES 2 NO USA 14. RACE — American Indian, Black, White, etc. WHITE 20906 20c. LOCATION - City or Town, State SILVER SPRING, MARYLAND 20901 **Approximate** Interval Between Onset and Death

> COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

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Hammond, Shirla

	1. DECEDENT'S NAME (First, Middle, Las	, b ourrera	M. Hammon		DEATH	REG. NO 2. DATE OF DEATH MONTH	Y 947	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		IRTNPLACE (State or Foreign		
3	212-14-7534	1 M 2 KF 9		ONTHS DAYS	HOURS MIN.	(Monthy Day, Joar)	Co	n Mar, Md.		
	Se. FACILITY NAME (If not institution, give			b. CITY, TOWN C	R LOCATION OF D	EATH (9c. COUNTY C			
OR	Washington Cour	nty Hospital		Hage	erstown		Was	hington		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY		
PHO	Maryland V	Washington	Wil	liamspo	ort			1 X YES 2 NO		
1AL	10e. STREET AND NUMBER	19,7,70		101	. ZIP CODE			OF WHAT COUNTRY?		
FUNERAL	2750 Virg:	Inla AVe.	ALIIS ADMEN	I 12 WAS DEC	21795	NIC ORIGIN? (Specify Ye		S. A.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 X NO	If yes, sp		an, Puerto Rican, etc.)	3.6	White		
ED.	15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S US (Give kind of wor	rk done during mo	ON st of working	16b. KIND OF BU	SINESS/INDUSTR	TY .		
LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homen			Own	Home			
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Homen	arer	16. MOTNER'S NA	AME (First, Middle, Melden				
BE C	Cliver Blaine	Sinnisen			Rose B					
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
-	Gerald C. Har			-4	prook Dr			d. 21742		
	20a, METHOD OF DISPOSITION 1X Burlal 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State of	b. PLACE AND DATE C cemetary, crematory of FaltV16	of oisposition tother place)			CATION — City of	le, Md. 217		
	21. SIGNATURE OF FUNERAL SERVICE)1	_	ID ADDRESS OF FA	A CHI PERV		ational Pike		
	John H. Bas	Ma good	4	DACT	ETMEDAT	HOME, Boo	-			
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF:	CAR	14 CANT	DIA				
ERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A	any A	SYN	Disc	ase				
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF:	TGY the underlyin	Disc	Pert I. 24e. WAS AI				
AL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):	TGY the underlyin	Disc	ASE		AVAILABLE PRIOR TO		
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ED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART Other significent conditions of the condition of the condition of the condition of the condition of the condition of the condition of the cause o	DUE TO (OR AS A d. tions contributing to death b NOTE TO (OR AS A d. tions contributing to death b NOTE TO (OR AS A d. L. HOSPITAL: 1 Nipstlent 2 = ER/Outs 1 Nipstlent 2 = ER/Outs 28e. DATE OF INJURY (Month., Day, Year) 28e. PLACE OF INJURY building, etc. (Spe	petient 3 DOA 28b. TIME INJUIT	the underlyin 26. P OTHER:	g cause given in	heck only one) 1 Part I. 24a. WAS AI PERFO 1 YES 1 YES 28d. OE\$CRIBE HOW 28f. LOCATION (Street City or Town, State 1 City or	INJURY OCCURE and Number or Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO		
D BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other significant conditions and the condition of the condition of the condition of the condition of the condition of the cause of	DUE TO (OR AS A d. tions contributing to death b NATION CONTRIBUTION AND CONTRIBUTION DO CONTRIBUTION 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) AND CONTRIBUTION 28e. PLACE OF INJURY (Month, Day, Year) AND CONTRIBUTION petient 3 DOA 28b. TIME INJUIT	the underlyin 26. P OTHER:	g cause given in	Theck only one) 1	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Note: The completion of the completion o			
BE COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART IL Other eignificent conditions of the condition of the condition of the cause of the condition	DUE TO (OR AS A d. tione contributing to death be NOTE TO (OR AS A d. tione contributing to death be NOTE TO (OR AS A DUE TO (OR AS A	patient 3 DOA 28b. TIME INJUITY At home, farm, stroity) At home, stroity, stro	the underlyin 26. P OTHER:	g cause given in	Theck only one) 1	INJURY OCCURE and Number or Ri	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO NO Nural Route Number,		
COMPLETED BY PHYSICIAN: MEDICAL C	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART IL Other eignificent conditions of the condition of the condition of the cause of the condition	DUE TO (OR AS A d. tions contributing to death b NATION CONTRIBUTION AND CONTRIBUTION DO CONTRIBUTION 28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY (Month, Day, Year) AND CONTRIBUTION 28e. PLACE OF INJURY (Month, Day, Year) AND CONTRIBUTION petient 3 DOA 28b. TIME INJUITY At home, farm, stroilly) PARTY AT HOME, SETTING TO THE SETING TO THE SETTING TO THE SETTING TO THE SETTING TO THE SETTING T	the underlyin 26. P OTHER:	g cause given in	Theck only one) 1	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO Note: The completion of the completion o			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. ITO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAMF (First, Middle,; Last)	Helen C	atherine	Harlo	ow	2. DATE OF	DEATH 8	AEAR	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 220-36-3030				HOURS MIN.	7. DATE OF 4/30/	38	38 MD'				
	roll County Gen. Hospital W						arro.				
IGE STATE IND COUNT	TATE 10b. COUNTY 10c. CI			ion 6			10d. INSIDE CITY LIMITS? 1 YES 2 N				
19 GRRECHT R	0.		10f.	ZIP CODE Z118	4	71.5	U.S.	HAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES GIVE WAR OR DATES		AS DECEDENT EVER IN U.S. ABMED PRCES? 1 YES 2 NO IT YES 2 NO IT YES 2 NO Specify:					CE — American Indian, ck, White, etc.			
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5+)		k done during moretired.)	N at of working		ND OF BUSINESS/IN	IDUSTRY				
12 17. FATHER'S NAME (First, Middle, Last)		Housew	TIE	40 1407UEDIO NA	n,	tle, Maiden Surname)					
James Hyne	a			Mary							
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING AI	DDRESS (Street a			City or Town, State, 2	(ip Code)				
Mr. Overton Ha	arlow	The second second second				sville,		21784			
20 METHOD OF DISPOSITION 10 Aurial 2 Cremetton 3 Rer 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		cemetary, crematory or AKE VIEW	Memo:	rial Go	lns 7	12 Sy. Home &	kesv	ille, MI			
iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b	A CONSEQUENCE OF):	th-Ai	rhythm	na-			Onset and D			
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS /	CONSEQUENCE OF):									
Prom. We Scoult	one contributing to death to	POYPLY OLD	the underlying	g ceuse given in		4s. WAS AN AUTOPS PERFORMED? YES 2 NO	Y 24b	WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C)	heck only one)						
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		OTHER:	e 5 🗆 Rasidence	6 Other (Specify)	\mathcal{A}/Ω				
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WO	URY AT PRINT	28d. DESCI	RIBE HOW INJURY O	CCURED	. 0			
2 Accident 3 Suicide 6 Could not be determined	28e, PLACE OF INJUR	Y — At home, farm, str city)	eet, factory, offic	•	261. LOCAT City or	ION (Street and Numb Town, State)	per or Rural I	Route Number,			
continuous of the continuous o	SICIAN: To the best of my know) and manner as state			
296. SIGNATURE AND TITLE OF CERTIF	ER (M. C)			29c. LICENSE NU	MBER	29d, D.	ATE SIGNED	(North, Day, Year)			
Milles I donard	((1))	- 10		D 23/18	56	•	1/8/	191			
1902 LIBBRTY RU	HOSPOMPHETED CHURCHEN	ATH (ITEP/27) from F	21184								
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGI	NATURE Rando BE									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a function. Pay	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and dempletary final to be the travel of the first market by the state best of Health and Mental Hydiere prior to buring, commution, expensions	IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examines
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DOROTHY

31. DATE FILED

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOLZWOZTH

32 MEGISTRAS'S SIGNATURE Juna Davidson-Randoll

1.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1 Î 1991 11;00am Thelma Adams Hart 4 SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In vrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 11/12/1903 DAYS HOURS 1 - M 2 - F 87 YRS. Maryland 216-14-2096 Se. FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR Harrison House Nursing Home Snow Hill Worcester RESIDENCE OF DECEDENT 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO Maryland Worcester Pocomoke 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 10400 Market St., Newtowne Apts. 21851 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE - American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2 1 Never Married 2 Married Specify: BY 3 🔀 Widowed 4 🗌 Divorced white ED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 10 2 Housewife 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Jerome Adams Ida Long BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Hayden C. Idlewild St., Apt.lA, Belair, Md. 21014 Hart 20a, METHOD OF DISPOSITION
1 & Burlel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State First Baptist Cemetery Pocomoke, Md. □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Melson Funeral Home Melson PO BOX 64, Pocomoke, 3 Md. 21851 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition OUE TO (OR AS A CONSEQUENCE OF): JAUNDICE WK5 resulting in death) CHOLE DOCHOLITHIASIS SEVERAL MONTHS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE DIABETES MELLITUS, ASHD, CHRONIC 1 YES 2 NO OF DEATH? BRAIN SYNDROME 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 KNO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF OEATH 26e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c, INJURY AT WORK? 1 Natural 5 Pending м 1 YES 2 NO B 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED. 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and menner se stated. COMP 2 MEDICAL EXAMINER: On the besie of axamination and/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceuse(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29¢ LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE Hogworth, Mad. D06241 Soundly 7-11-91

HARRISON HOUSE MURSING HOME

SNOW HAL, MD 21863

1 2	1. DECEDENT'S NAME (First, Middle, Last)			11 1	1	2. DATE OF DEATH	MY Y	3. TIME OF DE
	HANNah	Kegin		Hech	-	July	8 199	01 10:
	4. SOCIAL SECURITY NUMBER	'	E (In yrs. last birthda O 1 YRS	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)
	217 22 9350 9e. FACILITY NAME (If not institution, give		81 YAS		OR LOCATION OF DEA	06-18-19	9c. COUNTY	MD OF DEATH
OR	Harford Men	norial Hos	pital	HAVRE	DE Gr	ice	Ita	RFORD
DIRECTOR	100. STATE 10b. COUN	ту	10c. C	TY, TOWN OR LOCA	TION	7122		10d. INSIDE CI LIMITS?
		Harford			e de Grac	e		1 🔀 YES 2
FUNERAL	100. STREET AND NUMBER 1122 Chesapeak	o Drivo #110		10	7. ZIP CODE 21078		10g. CITIZEI	USA
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED		CENDENT OF HISPANI		s or No— 14	. RACE — American In
BY FI	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES			pecify Cuban, Mexican, S 2 NO Specify:	Puerto Rican, etc.)		Black, White, etc. Specify:
ED B	15. DECEDENT'S ED	UCATION	16a DECEDENT	I'S USUAL OCCUPATE	ON	16b, KIND OF BU	ISINESS/INDLIS	White
1	(Specify only highest grad Elementary/Secondary (0-12)		(Give kind	of work done during mo use retired.)		1000 1010 01 00	JOINE SOME SOME	
COMPL		4	(Ret)	Self-emp	loyed	Hardwa	are Sto	re
00	17. FATHER'S NAME (First, Middle, Last)				The same of the same of	E (First, Middle, Meider		
B	Emmanuel Hech	nt	19b. MAIL	NG ADDRESS /Street	Fann:	ie W. Wei		orde)
임	Mr. Lawrence E.	Hecht						ls, MD 21
	20a. METHOD OF DISPOSITION 120 Burlel 2 Cremetion 3 Re	2		ATE OF DISPOSITION				y or Town, State
	4 Donation 5 Other (Specify)	[F	Hebrew	<u>Friendshi</u>			altimor	e City, M
	21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE			nd address of fact hell–Smith		Home.	P.A.
	- Wellewi -	Demos A			re de Gra		21078	
	IMMEDIATE CAUSE (Finel disease or condition	. List only one cause on		o not enter the mo	lel iu	lardiec or resp	piratory arres	t, Approxi
LIFICATION	immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS		your		as cardiac or resp function	piratory arres	t, Approxi
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	REGISTRAR 1. DECEDENT'S NAME (First				CERTIF			<u> </u>		2. DATE OF D				TIME OF DEATH
ı	FLOYD E		t HER	RNDO	N					June	30	199		11:29 A
	4. SOCIAL SECURITY NUMI		5. SEX		yrs. lest birthday) YRS.	IF UNDE	DAYS	HOURS	24 HRS. MIN.	7. DATE OF B (Month, Day 11-3	HRTH	208	8. BIRTHPL Country)	ace (State or Foreign ginia
	578-32-57			82	tns.	9b. CIT	, TOWN	OR LOCATI	ON OF DE		0-1:		TY OF DEA	
E I	Washingtor	ital			ma l					tgom				
	RESIDENCE OF DE										od. INSIDE CITY			
DIRECTOR	D.C.		Washington								LIMITS?			
	10e. STREET AND NUMBER	N/A						f. ZIP COD			10g. CITIZEN OF WHAT CO			^
FUNERAL	3522 10th	Stree	et N.W.					20	010			П	SA	
2	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dive	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 JNO	2 NO It yes, specify Cuban, Mexican, Puarto Rican, etc.)						or No—	14. RACE — Black, V Specify:	- American Indian, White, etc.
		EDENT'S EDU			16a. DECEDENT'S	work done	during mo	ON oal of worki	ng	16b. KIN	D OF BUSI	NESS/INDI	JSTRY	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Lan	dsca				Wal	ter	Ree	d Ho	spital
COMPL	17. FATHER'S NAME (First, A	ficidle, Lest)					T -	v	HER'S NA	ME (First, Middle				-
H .	Willis	Her	ndon					i	Mary	Broo	kin	gs		
9	19a. INFORMANT'S NAME (1		The State of the S					Route Number, C				20010
1	Abbie M.		ion	20b.	PLACE OF DISPO					Washi			Ity or Town	
	1 Burial 2 Crematic	on 3 🗆 Rem	noval from State	_	other place) Lincol	n Me	mor	ial	Ceme	etery	S			Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	Marshall's Funeral Home 4217 9th St NW: Washington,												D.C.	
CERTIFICATION	Sequentially list condition resulting in death) Sequentially list conditions, leading to immercuse. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LAS	CONSEQUENCE C	OF):	(ci-	740	~ ~ ~	de-17							
	PART II. Other signification	ant condition	+ 1		In resulting				given in		PERFORE	MEO?	A C	VERE AUTOPSY FINDIN WAILABLE PRIOR TO COMPLETION OF CAUSE
	Aspi-at	,0n	Pneun			1	ach	ros	5/0-	ny l	J 165 2			YES 2 NO
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHE	R:			eck only one)		_		
PHYS	1 YES 2 NO		1 Inpetient 2 I		etlent 3 DOA	1		JURY AT	asidence	8 Other (Sp 28d. DESCRIE	-	JURY OCC	URED	
-		Pending Investigation	(Month, E	Day, Year)	IN	JURY		YES 2	□ NO					
IEU B	2 Accident 3 Suicide 4 Homicide 23e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 23e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								nd Number	or Rural Rou	rte Number,			
9	construction of the		ER: On the best of a											and menner as stated
OMP	2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as 296. SIGNATURE AND TITLE OF CENTURES. 296. DATE SIGNSD (Month), Day, Ves										Annth Day Mark			
BE COMPL	29b. SIGNATURE/AND TITL	L CENTURUS	29c. LICENSE NUMBER 29d. DATE SIGNED (Mon 7/2/ 30, NAME AND ADDRESS OF PERSON WHOLCOMILETED CAUSE OF DEATH (ITEM 27) (Type, Print) 29c. LICENSE NUMBER 29d. DATE SIGNED (Mon 7/2/										191	
	Stut.	ful	I	SE OF DEL	ATH (ITEM 27) (Typ	e, Print)	75	00	310	reem	Ma	>	7/2	191 Dr.

marked, or

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THE FUNERAL DIRECTOR: At filed within 72 hours after de IMPORTANT: If Item 28 is 1

HOSPITAL

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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burlal-transit	if Health and Mental Hygiene prior to burial, cremation, or removal.	
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Pages 1, 2, 3 should

ITEMS: 23,27 per ME G-677 7/26/ 91-3435-033 Item; 23 part I, per MEO 11/19/91 19568 91 FOR G-681 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH PM 06 1991 Allard 11:20 Ben High 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS 13 DAYS HOURS 1 M 2 | F YRS. 5 214-36-1785 Washington, DC 39 Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 3407 43rd Avenue Colmar Manor Prince Georges 10c. CITY, TOWN OR LOCATION Maryland Prince George's Colmar Manor 1 YES 2 XNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 20722 3407 43rd Avenue U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Suban, Maxican, Pu 1 YES Z NO Specify: 1 Never Married 2 Married YES, GIVE WAR OR DATES 1957-1960 BY 3 Widowed 4 Divorced Caucasian COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use relired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 10th N/A Laborer Stone and Straw Co. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) High Lucille Benneville Ahrens Marjorie Coburn BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 HCR 65 Box 683 Lincoln Ctr. ME 04458 Barbara Swain 20s. METHOD OF DISPOSITION
1 ☑ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 7-1-91 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, Stata State Veterans Cem. Cheltenham, Maryland 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lee Funeral Home, Inc. 5633 Old Alexander Ferry Rd Clinton, Md 20785 Paranto 23. PART J. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate hock, or heert feliure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Desth disease or condition . UNDETERMINED Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 24s. WAS AN AUTOPSY PERFORMED? PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 245. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO PHYSICIAN: MEDICAL COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 XYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify) 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 286. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY -- Al home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED. e Could not be determined

4 Homicide 29a. CERTIFIER
(Check only one)

THERICAL EXAMINES: On the heat of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated, one) MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. IGNATURE AND TITLE OF CONTIFIER 29c. LICENSE NUMBER 29d, DATE BIGNED (Month, Dev. Year) C.M.E 06 22 1991

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

W111 D-Kokou 32. REGISTRAR'S SIGNATURE

Penn Street, Baltimore Maryland 21201

a havan-hander

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) Mary Madelena Hynson 2. Date of Death Month Day Year GPM M														
	MA	Madele	delena Hynson					6 24 91				6 FM, H			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUME 579-07-3307	8. SEX 1 M 2 F	6. AGE (In yrs. 1	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF 8 (Month, De)	(Year)	1914	Country	PLACE (State or Foreign		
	90. FACILITY WASHER! TO	st		9b. CITY,	TOWN (OR LOCATION	ON OF D	DEATH			NEW OF D	PATU			
	11733 R	as 7			Brar	ndywi	ne	Prince George				George's			
EC	10s. STATE	10b. COUNTY			10c. CITY	, TOWH O	R LOCA	TION				10d. INSIDE CITY LIMITS?			
ā	Maryland	Prince	George '	S	В	rand	ywi	ne						1 TES 2 NO	
AL	10e. STREET AND NUMBER				10	f. ZIP COD		10g. CITIZEN OF				VHAT COUNTRY?			
E	11733 Re	st				20	613	Ţ			U.S	.A.			
5	11. MARITAL STATUS 12. WAS DECEDENT EV FORCES? 1									ANIC ORIGIN? (Specify Yes or No- 14.			14. RACE Black	— American Indian, t, White, atc.	
ВУ	1 Never Married 2 Married IF YES, GIVE WAR (ectly:			Specia	Caucasian	
	15. DEC	EOENT'S EDUCA	TION	16a. I	DECEOENT'S	USUAL OC	CUPATION	ON		18b. KIN	D OF BU	SINESS/INC			
COMPLETED	(Specify online Elementary/Secondary (I	y highest grade co	ompleted) College (1-4 or 5+)		(Give kind of v lie. Do NOT us	vork done (e retired.)	during mo	ost of workli	ng						
7	12	,,	N/A		roofr	eade.	r			Nati	ona.	L Geo	grap	hic Society	
OM	17. FATHER'S NAME (First, M	liddle, Lest)						16. MOT	HER'S NA	ME (First, Middl					
	Harry E. B	arch (F	lmer)						Mai	y Loui	se !	renny	son		
BE	19a. INFORMANT'S NAME (Illere, e e e e	T	19b. MAILING	ADDRESS	(Street	and Number		Route Number, (
5	Walter I	Hvnsc	n		Sa	me a	s 10) A-E	יז						
	20a. METHOO OF OISPOSIT			20b. PLAC	E OF OISPOS						20c. LO	CATION —	City or To	y or Town, State	
	4 Donation 5 Other	(Specify)	al from State		cedar Hill Cemetery						Su:	itlar	d, M	Maryland	
	21. SIGNATURE OF FONERA	K BETWICE LICE	NSEE			22.	NAME A	ND ADDRE	SS OF F	I I	ee 1	uner	al H	lome, Inc.	
	6633 Old Alexander Ferry Rd Clinton, Md 207											ton, Md 2073			
	23. PARTI. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line.														
	IMMEDIATE CAUSE (Final														
	disease or condition as Sidden Cardine Death DUE TO (OR AS A CONSEQUENCE OF): Ar Levis Schundie Cardinagenian Disease														
N															
ATI	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING														
FIC	CAUSE (Disease or Injury C. Disease or Injury C. Di														
CERTIFICATION	that initiated events resulting in death) LAST														
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS														
MEDICAL	PERFORMED? AMAI											AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ED										— ''	_ TES	100	- 1	OF DEATH? 1 YES 2 NO	
_										_				1 2	
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C	heck only one)	-				
SIC	1 X YES 2 NO		HOSPITAL: 1 Inputlent 2	ER/Outpatient	3 🗆 DOA	OTHEI	R: sing Hor	me 5 KR	asidenca	8 Other (S)	oecify)				
H	27. MANNER OF DEATH	INJURY	28b. TIME OF 18c. INJURY AT WORK?					28d. DESCRIBE HOW INJURY OCCURED							
		Pending Investigation	(Month, De	sy, rear)	"	M		YES 2	_ NO						
) BY	. ∕2 ☐ Accident 3 ☐ Suicide 8 ☐	Could not be		F INJURY — At etc. (Specify)	home, farm,	street, fac	tory, offi	Ce		28f. LOCATIO	N (Street	and Numbe	er or Rural i	Route Number,	
TEI	4 Homicide	determined	ounding,	otal (opouny)						Only or A	own, otate	,			
E -	29a. CERTIFIER (Check only	TIFYING PHYSIC	IAN: To the best of	my knowledge,	death occurr	ed at the !	time, dat	a and plac	e, and du	e to the cause(a) and me	inner as sti	nted.		
COMPLETED	(Crieck orlly													s) and menner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER								29c, LICENSE NUMBER 29d. I			29d. DA	ATE SIGNED (Month, Day, Year)		
BE	luces lofe R'as								1710	62		•	6/2	4/9/	
5	30. NAME AND ADDRESS O	F PERSON WHO	COMPLETED CAUS	SE OF DEATH (TEM 27) (Type	, Print)			// 4		,		1	1.4	
	linea	white	tore mes	955	76 G	CAIN	M	ly	UPP	er me	RIB	cho.	140	20772	
	31. DATE FILEO (Month, Day	Year)	32. REGISTRA	R'S SIGNATUR	E)			*	1			
	JUN 27 '91 July Saviden-Randese														
				_									_	The second second	

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERT(F	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	51 1501		
	1. DECEDENT'S NAME (Nist, Middle, LA	5. SEX 6. AGE (In yrs. last birthday)	FUNDER 1 YEAR OF UNDER 24 HRS.	2. DATE OF BEATH MONTH!	3. TIME OF DEATH 3. 55 A		
OR	577-18-4203 64. EACILITY NAME (If not institution)	1 2 F 87 VRS.	MONTHS DAYS HOURS MIN.	(Month, Day, Year)	UNTY OF BEATH OPDY6		
L DIRECTOR	10a. STATE 10b. COL 10b. STREET AND NUMBER		Y, TOWN OR LOCATION TANCY LINE 101. ZIP CODE	190 C	10d. INSIDE CITY LIMITS? 1 FES 2 NO TIZEN OF WHAT COUNTRY?		
FUNERAL	1112 011	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	20613	NIC ORIGIN? (Specify Yea or No— an, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc.		
LETED BY	3 Wildowed 4 Divorced 15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)	EDUCATION IGN IS A DECEDENT'S (Give kind of the life. Do NOT up to the life. Do NOT up to the life. Do NOT up to the life. Do NOT up to the life. Do NOT up to the life. Do NOT up to the life. Do NOT up to the life.	USUAL OCCUPATION work done during most of working se retired.)	16b. KINO OF BUSINESS/IN	Black		
BE COMPL	17. FATHER'S NAME (First, Middle, Last, Wesley H	avukins	18. MOTHER'S N.	AME (First, Middle, Maiden Surname) A Spence:			
5	19a. INFORMANT'S NÂME (Type/Print) ECINA 20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 1	20b. PLACE AND OAT	Gibbans Ch. E OF DISPOSITION (Name or proper place)	Rd, Brandy	Ma		
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE Esten	22. NAME AND ADDRESS OF FA	MOLITY PACIE	Ames MD		
SERTIFICATION	ahock or heart felice IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OVE TO (OR AS A CONSEQUENCE O	Pour Accession angle	1	Approximata interval Betwee Onset and De		
4: MEDICAL C	PART II. Other algorificant cond	Itions contributing to death but not resulting	in the underlying cause given in	Part I. 24e. WAS AN AUTOPS PERFORMED? 1 TYES 2 NO	Y 24b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpetient 3 DOA 26e. DATE OF INJURY (Month, Day, Year) 28b. Till	4 Nursing Home 5 Residence RE OF 28c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY O	OCCURED		
ED BY P	1 Netural 5 Pending 2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLET	and only	PHYSICIAN: To the best of my knowledge, desth occur MINER: On the basis of examination and/or investigati		e time, data and place, and due to			
TO BE	Marka	N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type	20	0824 >	7/5/91		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	Mypek	Marpore	0, MD		

DHMH-16 Rev 1/89

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICALE	: OF	DEAL	H	RE	EG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH DAY YEAR 3. YIME OF DEATH											
	at Imper	E INDER 4 VEAR DE CHIPPE 44 LINE							p. M			
578 01 3017	1 🙀 M 2 🗆 F		MONTHS	DAYB	HOURA	MIN.	(Month, Day,	Year)		Country)	or Foreign	
			9b. CITY,	TOWN OF	R LOCATIO	ON OF DE	HTA	6	e. COUNTY	OF DEATH		
	Lar	nham					Princ	e George	S			
	CITY, TOWN O	Y, TOWN OR LOCATION				10d.			CITY			
Maryland Prin	Cheve	r1y										
		10f. ZIP CODE				10g. CITIZEN OF WH			177			
		20785										
1 MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	YES 2 NO		13. WAS DECENDENT OF HISPANIC If yee, specify Cuben, Mexican, I 1 ☐ YES ★★ NO Specify:				Puerto Ricen, etc.) Black,					
15. DECEDENT'S EDU	CATION	16a, DECEDEN	T'S USUAL OC	CUPATIO	N		15b. KIND	OF BUSIN	ESS/INDUS	TRY		
Elementery/Secondary (0-12)	College (1-4 or 8+)	ilfe. Do NO	T use retired.)	unng mos	n or workin	ng						
11			Polic	cemai					-			
	lina											
-	ilig	10b MAII	NO ADDRESS	/Otmod no						ada)		
Beatrice Harding												
	oval from State	20b. PLACE OF DIS	POSITION /No.	me of com	where cond			20c. LOCATION — City or Town, State				
Robert C. Warns Mes. 16000 Annapolis Rd. Bowie Maryla										aryland :	20715	
shock, or heart failure. List bnly one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Last Division on each line. Interval Between Onset and Dasth Due To for As A conscouence of): Due To (OR AS A CONSCOUENCE OF): C. July July July July July July July July												
PART II. Other significant condition	e contribution to d	eth but not regultir	on in the un	derlylaa	COLLOG	nlven In	Port I 24s	LI. 24s. WAS AN AUTOPSY			ev Emphos	
									PERFORMED? 1 YES 2 NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
EXAMINER? HOSPITAL: OTHER:												
27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										RED		
3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)												
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) end manner as stated.												
29b. SIGNATURE AND TITLE OF CERTIFIER A Secretary Secret												
Hu	# 50	yase	- MJ	2	29c. LIC	ENSE NUI	ABER	2	Ped. DATE S	IGNEO (Month, Day.		
29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	# 50	OF DEATH (ITEM 27) (I	ype, Print)	2	29c. LIC	ENSE NUI	MBER	2	Ped. DATE S	HIGNEO (Month, Gay,		
	Clarence Spurge 4. SOCIAL SECURITY NUMBER 578 01 3017 9e. FACILITY NAME (If not institution, give s DOCTOTS' COMMUNI RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland Print 10e. STREET AND NUMBER 2343 Belleview A: 11. MARITAL STATUS 1 Never Merried 2 A: Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12) 11 17. FATHER'S NAME (First, Middle, Last) Stephen H. Hard 19e. INFORMANT'S NAME (TyperPrint) Beatrice Harding 20e. METHOD OF DISPOSITION 1Xi Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIK PROBLET C. 23. PART I. Enter the diseases, Dr. shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Sticide 6 Could not be detarmined 29e. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CERTIFYING PHYSICAL CANDER (Check only)	1. OECEDENT'S NAME (First, Middle, Lest) CLAVENCE Spurgeon Harding 4. SOCIAL SECURITY NUMBER 5. SEX 6. SOCIAL SECURITY NUMBER 5. SEX 5. SEX 6. SOCIAL SECURITY NUMBER 5. SEX 6. SOCIAL SECURITY NUMBER 9a. FACILITY NAME (if not institution, give street and number) DOCTOR' Community Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince Georges 10c. STREET AND NUMBER 2343 Belleview Ave. 11. MARITAL STATUS 1 Never Merried 12. WAS DECEDENT FORCES? 18. If YES, GIVE WAR 19. INFORMANT'S NAME (First, Middle, Lest) Stephen H. Harding 19c. INFORMANT'S NAME (First, Middle, Lest) Stephen H. Harding 19c. INFORMANT'S NAME (First, Middle, Lest) Stephen H. Harding 19c. INFORMANT'S NAME (First, Middle, Lest) Stephen H. Harding 19c. INFORMANT'S NAME (First, Middle, Lest) Stephen H. Harding 19c. 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Enter the diseases, or complications that ceused the death. Do not enter shock, or heart failure. List only op a cause on sech line. 20. PART II. Enter the diseases, or complications that ceused the death. Do not enter shock, or heart failure. List only op a cause on sech line. 21. WAS CASE REFERRED TO MEDICAL EXAMINER? 22. WAS CASE REFERRED TO MEDICAL EXAMINER? 23. PART II. Other significant conditions contributing to deeth but not resulting in the unity of medical carefulation of the design of the part of medical cause. First Check on 1 of certain of contributing to deeth occurred at the target of medical carefulation of conditions of	1. OECEDENT'S NAME (First, Middle, Last) Clationce Spurgeon Harding 4. SOCIAL SECURITY NUMBER 578 01 3017 9a. FACILITY NAME (if not institution, give store and number) 9a. FACILITY NAME (if not institution, give store and number) 10b. CTY, TOWN OD LOCAT Maryland Prince Georges Cheverly 10a. STREET AND NUMBER 2343 Belleview Ave. 11. MARTIAL STATUS 11. NAME Meried 2 ** Statement of the County Maryland Prince Georges Cheverly 11. MARTIAL STATUS 11. NAME Meried 2 ** Statement of the County Maryland Prince Georges Cheverly 11. MARTIAL STATUS 11. NAME Meried 2 ** Statement of the County Maryland Prince Georges Cheverly 12. NAS DECEDENT EVER IN U.S. ARMED ITS. WAS DECEDENT EVER IN U.S. ARMED ITS. WAS DECEDENT STATEMENT OF THE COUNTY OF THE COUNT	1. OCCEDENT'S NAME (Froit, Middle), Lean) CLATCHICA. Sputageon Hartding 4. SOCIAL SECURITY NUMBER 578 01 3017 1	1. OSCADENT'S NAME (First, Middin, Last) CLUCINC SULTAGE ON HARTING ON STORES AND SULTAGE ON HARTING ON SULTAGE ON HARTING ON SULTAGE ON SULTA	1. DECEDENT'S NAME (Past, Models, Law) CHEMPICO PROJECTION S. SEX. S. AGE (in yrs. last birmday) F. DROPES 1 YEAR F. LAGERS 1 YEAR F	1. DECEDENT'S NAME (First, Models, Last) Cartering Surgagon Harding 4. SOCAL SECURITY NAME 578 01 3017 See PACTURE Surgagon 1. Sex 578 01 3017 See PACTURE NAME 578 01 3017 See PACTURE NAME 578 01 3017 See PACTURE NAME 578 01 3017 See PACTURE NAME 579 VIRIL SOCIAL SURGEST NAME MATCH 26 1 See CITY, TOWN OR LOCATION OF DEATH Lanham Lanham Lanham See Surgagon See CITY, TOWN OR LOCATION Cheverly 100. STATE See Surgagon See	LOCAL SECURITY NAME (PEN MONTH. STORY CONTROL	SOCIAL SECURITY NAMERY SOCIAL SECURITY NAME NAME NAME NAME NAME NAME NAME NAME	

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	be filed within 72 hours after death with the State Deptr. of Health and Mental Hygiene prior to bundl, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	WD	RTA	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

REGISTRAR			С	ERTIFIC	CATE OF	DEATH		REG. NO.			
1. DECEDIFIT & NAME (First	, Middle, Last)	Pa	ul Aloy	sius	Hittle	2	2. DATE O	OF DEATH DAY	9/	AR _	TIME OF DEATH 2:45 P M
4. SOCIAL SECURITY NUME 214 16 3082		5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. In		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month, June	Dey Year)	C	ountry)	land
9a. FACILITY NAME (If not in						OR LOCATION OF D	EATH		9c. COUNTY (OF DEAT	Н
Anne Arunde		cal Cente	er		Annapo	lis			Anne A	run	del
10a. STATE	10b. COUNTY			10c. CITY,	TOWN OR LOCA	TION			_	10	d. INSIDE CITY
Maryland 100. STREET AND NUMBER		Arunde1		Da	vidsonv						LIMITS?
2756 Swann					10	21035			United		
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	NO NO	If yes, s	CENDENT OF HISPA pecify Cuban, Mexica 8 2 NO Specifi	en, Puerto Ri	ican, etc.)	or No 14. I	RACE — Black, W Specify; W	American Indian, Thita, atc.
15. DEC (Specify onl Elementary/Secondary (I	CEDENT'S EDUCA by highest grade of 0-12)	ATION ompleted) College (1-4 or 5+)	- 4	ECEDENT'S UGNe kind of wo		ION lost of working	М	arylar	INESS/INDUSTI	RY	ilding
17. FATHER'S NAME (First, A	fiddle, Last)					18. MOTHER'S NA					
Joseph Hi	lttle					Aloys	ia Ur	esch			
19a. INFORMANT'S NAME (1			and Number or Rural					
Elizabeth	Hittle			2756	Swann W	ay David	sonvi	lle Ma	aryland	1 21	035
20a. METHOD OF DISPOSIT 1 2 Buriel 2 Crematic 4 Donation 6 Other	on 3 🗆 Ramon	val from State	of cemetar	y, crematory o	or olsposition of other place)	ws Churc	h Cem		Owen		State 11e Md.
iMMEDIATE CAUSE (Fidesese or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY CAUSE (Disease or injuitant initiated events resulting in death) LAS	ilseases, or consert fellure. Lenel altions, delata ling c. c. d.	DUE TO (CLYLLOR AS A CONSI	EQUENCE OF	Beal 1600 ot enter the m	hago	Funer. lis R ch se card	d. Bow	AUTOPSY MED?	24b. W	Approximate interval Between Onset and Death Sdays ~
25. WAS CASE REFERRED 1 EXAMINER?		HOSPITAL:			26.	PLACE OF DEATH (C	heck only one	e)			
1 YES 2 NO		1 Inpatient 2		-	4 - Nursing Ho	me 6 - Rasidence	_	,			
27. MANNER OF DEATH P Natural 5 Accident	Pending Investigation	26a. DATE OF ((Month, Da	NJURY y, Year)	26b. TIME	JRY V	JURY AT YORK? YES 2 NO	28d. DE\$	CRIBE HOW IF	NJURY OCCURE	10	
3 Suicide 6 4 Homicide	INJURY — At I	- At home, farm, street, factory, office				ATION (Street a or Town, State)	lural Rou	te Number,			
Jones any	E OF CERTIFIER	: On the besis of ax	amination and/o	r investigation	n, in my opinion,	te and place, and du death occured at th 29c. LICENSE NU	e tima, data		d dua to the ca	1	torth Dey, Year)
RICHA, 31. DATE FILEO (Month, Day JUN 28 91		PEELE 32. REGISTRAI	S'S SIGNATURE		An	NA PULI.	s A	10	21401		
10011 CO 91	que	Ma Davidson	-Randall								

An Berge opening belongswhapp

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PORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
other	TIFK
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Injury,	AL CE
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show	ME
23	AN
Item	SICI
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PORT	BE

1. DECEDENT'S NAME (First, Middle, Last)	0 :		J.	IOAII		DEA		2. DATE OF DEAT	H	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Annie Is. sex		Hammo	_		T =		May 6,	1991	I a num	7:30 PM
223-72-5885	1 M 2 VF	100	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	nr)	Coun	
9a. FACILITY NAME (If not institution, give:	Λ.	89	ma					June25,	1901		rginia
No committee of the control of the c						OR LOCATION		EATH		OUNTY OF	
4309 Fernhill Ro	ad			SIL	ver	Spri	ng		Mo	ontgo	mery
10a. STATE 10b. COUNT	Υ		10c. CIT	ry, town	OR LOCA	TION					10d. INSIDE CITY
Maryland Mont	gomery		Sil	ver	Sari	na					1 YES 2XXNO
00. STREET AND NUMBER	gomez y		1011	VOI		f. ZIP CODE	E		10g. C	ITIZEN OF	WHAT COUNTRY?
4309 Fernhill Ro	ad						20	906	IIn:	itad	States
II. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S	ARMED	13.	WAS DEC	ENDENT C		NC ORIGIN? (Speci			DE — American Indian, ck, White, etc.
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W					ecity Cuba 2 X NO		n, Puerto Rican, etcy:	2)	Spe	ck, White, etc. city: lhite
15. DECEDENT'S EDU (Specify only highest gred		164	. DECEDENT'S	USUAL O	CCUPATI	ON		16b. KIND O	BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done me retired.)	aunng me	DET OF WORKE	ng				
4			Homem	aker				Own	Home		
7. FATHER'S NAME (First, Middle, Last)						16. MOT	HER'S NA	ME (First, Middle, M)	
Elbert P. Jenni	nas					Sal	lie	Bellamy			
9a, INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRES	S (Street			Route Number, City of	r Town, State.	Zip Code)	
Mattie Hammond					10000			Silver S			20906
On. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO						e. LOCATION		
Burial 2 Cremation 3 Ren	noval from State	oth	tep Fa	Service Control			-				y, Virgini
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- L3	cep ra								y, virgini
Ellen 23. PART I. Enter the diseases, or	XI. A	app	0	9	33 (Gist	Aver	Services nue, Silv	er Sp	ring	, MD 20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	allo out to	OF AS A CO	NSEOUENCE (dem OFI:	erli	0				ł	adays
hat initiated events resulting in death) LAST	d		NSEQUENCE (
PART II. Other algnificant condition	na contributing to	death but r	not resulting	in the u	nderlyin	g cause	given in	PE	AS AN AUTOPS RFORMED? ES 2 🔯 NO	24	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS
									***		OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		LACE OF E	EATH (Ch	eck only one)			
1 YES 2 (X) NO	1 Inputient 2			4 🗆 Nu	rsing Hor	- /1	esidence	6 Other (Specif)			- A
7. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, D	Day, Year)		M	1 🗆	JURY AT ORK? YES 2 [⊒ №	28d. DESCRIBE I	O YRULINI WOI	OCCURED	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building,	of Injury i , etc. (Specify)	At home, farm,	street, fac	tory, offi	CO .		201. LOCATION (S City or Town,	treet and Num State)	ber or Rum	I Route Number,
9a. CERTIFIER (Check only one) 1 🔀 CERTIFYING PHYS											o(s) and manner as stated
96. SIGNATURE AND TITLE OF CERTIFIE	Phi	9	me				032	MBER			7, 1991
Jeanne P. Asher	., M. D.,	3720	Farra	gut	Aver	nue,	Kens	sington,	MD 20	895	
I. DATE FILED (Month Day Year)	32. REGISTRA	Davidson	BE								

2 phys	pny 6		
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TTEN	CTOR:	after	28 1
DR A	DIRE	hours	Item
PITAL	ERAL	in 72	T. H
E HOS	E FUN	d with	HTAN
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending phys	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
-		_	_

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTIV CERTIFIC		EALTH AND I DEATH		HYGIENE REG. NO.	21	13014
1. DECEDENT'S NAME (First, Middle, Last	eaton				2. DATE OF MONTH		91	3. TIME OF DEATH P. 12:15 M
4. SOCIAL SECURITY NUMBER 216-60-494	5. SEX 6. AGE (UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, Da	PIRTH 17-52	8. BIRTH Count Was	PLACE (State or Foreign
98. FACILITY NAME (If not institution, give Washington	Adventist	HOSP.	19KC	ma t	Sark		ounty of t	gomery
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN M D			OWN OR LOCATI	ON Dowl	,			10d, INSIDE CITY LIMITS?
	ontgomer	y lat	KOMA 101.	ZIP CODE	0	10g.	CITIZEN OF	1 YES 2 NO
10e. STREET AND NUMBER 2	12, WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR DO	2 (A)NO	If yes, spe	ENDENT OF HISPAN city Cubert, Maxica 2 11 NO Specifi	n, Puerto Rica		- 14. RAC Blac Spec	E — American Indian, k, White, atc.
15. DECEDENT'S ET (Specify only highest grae Elamentary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Unemplo	done during mos tired.)	N t of working	16b. Kil	N/A	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Hue Heaton						n, Melden Sumem Nicewai	*	
190. INFORMANT'S NAME (Typo/Print) Patricia Lyer	ly			d Number or Rural				k,Md.20912
20s. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rs 4 Donation 6 Other (Specify)	movel from State	b. PLACE AND DATE OF	FDISPOSITION	(Name	DATE	20c. LOCATION	- City or T	
21. SIGNATURE OF FUNERAL SERVICE		1	22. NAME AN	D ADDRESS OF FA	CILITY TE	akoma I	uner	al Home D.C.20012
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		580 E	ten	s.		Onset and Daath
PART II. Other significant conditions	ons contributing to death t	out not resulting in t	tha undarlying	cause given in		Ia. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PL	ACE OF DEATH (C/	neck only one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Notatural 5 Pending	1 Inpatient 2 PR/Out 28a. DATE OF INJURY (Month, Day, Year)		Nursing Hom OF 28c, INJ Y WO	JRY AT RK? (ES 2 NO		Specify) RIBE HOW INJURY	OCCURED	
Accident Investigatio Accident Investigation	26e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, stre			281. LOCATI City or	ON (Street and Nui Town, State)	mber or Rural	Route Number,
- (0///0// 0///)	YSICIAN: To the best of my know							(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIED	Tank.	_ V ₇	0	29c. LICENSE NU	MBER 546	29d.	DATE SIGNE	O (Month, Day, Year)
2 30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE			consin	J	he -	13e7	to sale
31. DATE FILED (Month, Day, Year)	32. REGISTRADES SIGN	ANTURE Rando 12		4 1				

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	OIAIL OF MARTIE	CERTIFIC	CATE OF	DEATH	RI	EG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	EATH	WEAD	3. TIME OF DEATH
Amy		s.	Hawk	ins	MONTY	27	9AR	5200 M
4. SOCIAL SECURITY HUMBER	5. SEX 8. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	IRTH	8. BIRTH	IPLACE (State or Foreign
014-28-6668	1 - M 2XXF	84 YRS.	MONTHS DAYS	HOURS MIN.	April	12, 190	7 Counti	issouri
Se. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN C	R LOCATION OF DI	EATH	9c. CO	UNTY OF D	EATH
PRINCE GEORG	ES HOSPITAL	CENTER	CHE	VERLY		F	PRINC	E GEORGES
10a. STATE 10b. COUHT		10c. CITY,	TOWN OR LOCAT	ТОН				10d. INSIDE CITY LIMITS?
Maryland Prin	ce Georges	Mit	chellvi.	lle				1 YES 2XX HO
10e. STREET AND HUMBER 10450 Lottsford	Pond #222	73.8	101	ZIP CODE	1	10g. C		WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER	IN II S ADMED	12 WAS DEC	ENDENT OF HISPAI	_	acity Van or Ho	-	E American Indien,
1 Never Married 2 Married 3 XXVVIdowed 4 Divorced	FORCES? 1 YES	2XXN0	If yes, sp.	ecify Cuben, Mexica	in, Puerto Rican	, etc.)	Spec	k, White, etc.
15. DECEDENT'S EDU		160. DECEDENT'S			16b. KIN	D OF BUSINESS/I	NDUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use	ork done during mo retired.)	st or working				
8		House	keeper			Dome	stic	
17. FATHER'S HAME (First, Middle, Last) Charles	s	anderson		18. MOTHER'S HA	ME (First, Middle	s, Maiden Surname)	Trigg
19e. IHFORMANT'S HAME (Type/Print)		Top Man INC	ADDRECC (Street o	and Number or Rural	Pourte Humber C	the or Tourn Chain	7in Codel	55
Sandra H. Smith								, MD 20902
20e. METHOD OF DISPOSITIOH 1 Burlel 2 ACCremation 3 Ren	20	b. PLACE OF DISPOSI	TIOH (Heme of cer	metery, cremetory or		20c. LOCATION	— City or To	own, State
4 Donetion 8 Other (Specify)	M	ontgomery	Cremat	orium, I	nc.	Bethes	da, 1	Maryland
21. SIGHATUHE OF FUHERAL SERVICE LI	C, S	O _{M00522}	Beth	rt A. Pu esda-Che ue, Beth	vy Chas	se, Inc.	, 75!	e 57 Wisconsin 314-3501
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on							Approximate interval Between Onset and Death
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF		acete	of 1	Modera	~	0945
DART II Oak a darlii aad aad dii							. 1.	
PART II. Other significent condition	ns contributing to death	but not resulting ii	n the underlyin	g cause given in		NAS AN AUTOPS PERFORMED? YES 211110	33	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		<u> </u>						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	111111111111			
1 TYES 2X XXX				ne 5 - Residence	-		2001000	
27. MAHNER OF DEATH LANderval 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		URY WO	JURY AT ORK? YES 2 HO	286. DESCHI	BE HOW INJURY (JCCUHED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI	RY — At home, farm, s lectfy)	treet, factory, offic	:0		N (Street and Hum wn, State)	ber or Rural	Route Humber,
Crisck Only	SICIAH: To the best of my kno IER: On the beste of axaminat							(a) and menner se stated.
296. SIGNATUM AND TITLE OF CENTIFIE				29c. LICENSE NU			. /	O (Month, Day, Year)
	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type,	Print)	000	700	1 - 6	11/	17/
31. DATE FILED (Morth, Day, Year)	14 SI LER A	DEATH (ITEM 27) (Type, 1900) PATURE WINDOWN ARCHAE	Grenn	my Chr	pr G	renkelt	Mil	20770
JUL 2 '91	Julia Da	widson Rand	182					
								010000000000000000000000000000000000000

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25. Nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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death cer	e attending	Aemtal Hygie	ury, or ot
t the death cer	by the attending	nd Memtal Hygie	injury, or of
that the death cer	ned by the attending	Ith and Mental Hygie	any injury, or ot
uires that the death cer	signed by the attending	Health and Mental Hygic	ws any injury, or of
requires that the death cer	been signed by the attending	. of Health and Mental Hygie	shows any injury, or of
s law requires that the death cer	has been signed by the attending	Dept. of Health and Mental Hygie	23 shows any injury, or of
: The law requires that the death cer	ate has been signed by the attending	tate Dept. of Health and Mental Hygie	tem 23 shows any injury, or of
CIAN: The law requires that the death cer	artificate has been signed by the attending	he State Dept. of Health and Mental Hygie	or item 23 shows any injury, or of
HYSICIAN: The law requires that the death cer	is certificate has been signed by the attending	rith the State Dept. of Health and Mental Hygie	ed, or item 23 shows any injury, or ot
G PHYSICIAN: The law requires that the death cer	er this certificate has been signed by the attending	ith with the State Dept. of Health and Mental Hygie	narked, or item 23 shows any injury, or of
NDING PHYSICIAN: The law requires that the death cer	: After this certificate has been signed by the attending	r death with the State Dept. of Health and Mental Hygie	is marked, or item 23 shows any injury, or of
UTENDING PHYSICIAN: The law requires that the death cer	CTOR: After this certificate has been signed by the attending	after death with the State Dept. of Health and Mental Hygie	28 is marked, or item 23 shows any injury, or of
OR ATTENDING PHYSICIAN: The law requires that the death cer	DIRECTOR: After this certificate has been signed by the attending	ours after death with the State Dept. of Health and Mental Hygie	tem 28 is marked, or item 23 shows any injury, or ot
TAL DR ATTENDING PHYSICIAN: The law requires that the death cer	AL DIRECTOR: After this certificate has been signed by the attending	72 hours after death with the State Dept. of Health and Mental Hygie	If item 28 is marked, or item 23 shows any injury, or of
SPITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	NERAL DIRECTOR: After this certificate has been signed by the attending	thin 72 hours after death with the State Dept. of Health and Mental Hygie	NT: If item 28 is marked, or item 23 shows any injury, or of
E HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	E FUNERAL DIRECTOR: After this certificate has been signed by the attending	d within 72 hours after death with the State Dept. of Health and Mental Hygie	RTANT: If item 28 is marked, or item 23 shows any injury, or of
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPA CERTIF					ENTAL HYGIENI REG. NO.	E		
1. DECEDENT'S NAME (First, Middle, Last)		homas Hol	t Jr.			1	June 27,		YEAR	3. TIME OF OEATH 6:50 pm
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday) IF UNDE		IF UNDER 24		7. DATE OF BIRTH			PLACE (State or Foreign
444-16-9347	1 X M 2 F	65 YRS.		DAYS	HOURS OR LOCATION	MIN.	September	9c. COUN	Nor	th Dakota
. Se. PACIETY NAME (II NOI IIISIRGIO), give	sueet end number)		98. CH	, IOWN I	H LOCATION	OF DEA	"	Sc. COUN	IT OF DE	AIR
Suburba RESIDENCE OF DECEDENT	an Hospital			_	Bethe	sda			Mon	tgomery
10e. STATE 10b. COUN	гу	10c. C	TY, TOWN	OR LOCA	ION					10d. INSIDE CITY
Maryland	Montgomery				Bet.	hesd	la			1 TES 2 NO
10e. STREET AND NUMBER				10	ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
6020 Kingsford	· v · · · · · · · · · · · · · · · · · ·					2081				States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X IF YES, GIVE WAR ON 11	YES 2 NO	13.	If yes, sp		Mexican,	ORIGIN? (Specify Yee Puerto Ricen, etc.)	or No—	14. RACE Black Specif	- American Indian, White, atc. y: White
15. DECEDENT'S ED (Specify only highest grad	UCATION	18a. DECEDENT			ON ist of working		16b. KIND OF BUS	INESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)	during inc	SI OF WORKING					
	4	Spec	ial A	gent					3.I.	and the same
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHE	R'S NAMI	E (First, Middle, Maiden	Surname)		
	Thomas Hol						atherine		_	
19e. INFORMANT'S NAME (Type/Print)							ute Number, City or Town			
Duane T. Ho	olt					ad B	ethesda,			
1 Buriel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DA of cemetary, cremato	ory or other	place)	July :	1, 1	.991	CATION —		
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE.	Ouanti	co Na	tion	al Ce	mete	ry Tri	angle	V.	irginia
Denne	Tokent	# M0033	5 B	ober ethe	sda-C	Pump hevy hesd	hrey Fune Chase, I a, Maryla	ral F	19me/	Wisconsin
23. PART I. Enter the dispuses, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only Die cause	AS A CONSEQUENCE								Approximata Interval Batwee Onset and Des
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C	AS A CONSEQUENCE								
PART ii. Other significant condition	ona contributing to de	eth but not resultin	a In the u	nderivin	a cause alv	ven in P	art I. 24a, WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
			9		g outse g.		PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
							1 YES 2	□\N0		OF DEATH?
							-			1 TYES 2 DE NO
25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF DEA	ATH (Chac	tr only one)	_		
EXAMINER? 1 YES 2 PAO	HOSPITAL:	VOutputient 3 🗆 DOS	OTHE	R:	131-2		Other (Specify)			
27. MANNER OF DEATH 1 2 Natural 5 Pending	28a. DATE OF INJ (Month, Day, 1		TIME OF INJURY	28c. IN	JURY AT DRK? YES 2		28d, DESCRIBE HOW I	NJURY OCC	CURED	
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28s. PLACE OF IN	JURY — At home, farm (Specify)	m, street, fa	ctory, offic	20		28f. LOCATION (Street of City or Town, State)	and Number	or Rural R	loute Number,
anal	SICIAN: To the best of my) and manner as stated.
206. SIGNATURE AND TITLE OF CERTIF	let lan)			290 LICEN	9 67	BER .	29d. DAT	E SIGNED	(Month, Day, Year)
30, NAME AND ADDRESS OF PERSON V	(4, mg	14808		164	الجا كر	the	12 RC	Kuille	_	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	widson-Rand	12							

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1. DECEDENT'S NAME (First, Middle,	Lest)						2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
JEANNE	BERTH	IH P	LLEN				June 27		91	1:05 A M
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 Y	EAR IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHI Country	PLACE (State or Foreign
573-26-0516	1 🗆 M 2 💢 F	76	YRS.		1.0012		Nov 28,	_		nesota
Sa. FACILITY NAME (If not institution,				-	WN OR LOCAT	ION OF D	EATH		JNTY OF DE	
Brooke Grove N		9		Olne	У			Mon	tgome	ery
10a. STATE 10b. CO			10c. CITY	, TOWN OR L	OCATION				T	10d. INSIDE CITY
Maryland Mo	ntgomery		Olr	nev						LIMITS?
10s. STREET AND NUMBER	3				10f, ZIP COD	Œ		10g. CI	TIZEN OF W	HAT COUNTRY?
18430 Brooke G	rove Road				2083	2		Un	ited	States
11. MARITAL STATUS 1 Nover Married 2 Married	TODOTOD 4	IT EVER IN U.S. AR	MED				NIC ORIGIN? (Specify in, Puerto Rican, etc.)	_	14. RACE	American Indian, , White, etc.
3 Widowed 4 Divorced	1949-19	MAR OR DATES			YES 2 X X NO				Specif	White
15. DECEDENT'S (Specify only highest		16e. DE	CEDENT'S	USUAL OCCU	PATION ng most of work	ina	18b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	- Min	. Do NOT us	e retired.)			- 10			
	4	Nu	rse				U.S. A			
17. FATHER'S NAME (First, Middle, Las	*						ME (First, Middle, Mak	len Sumame)		
Joseph H. Hi							orter			
19a. INFORMANT'S NAME (Type/Print)							Route Number, City or			MD 20882
Nancy Gustafso	n-Smith				-					
20s. METHOD OF DISPOSITION 1 Burlal 2 Commetton 3 C 4 Donation 6 Other (Specify)		20b. PLACE other pla	ace)		of cometany, cre			lver		ng, MD
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	0		22. NA	ME AND ADDR	ESS OF FA	CILITY			
▶ Ellen	W. K	app			1		Services, Silver S			20910
resulting in death)	DUE TO	OF AS A CONSE	QUENCE OF	F):	3					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO	O (OR AS A CONSE	QUENCE OF		an	ter	poscle	we(2,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO	O CONSE	QUENCE OF		our	fer	Becle	wel.	2,	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con-	b	O (OR AS A CONSECUTION OF	QUENCE OF	P):	Our	given in	Part I. 24a. WAS	AN AUTOPS		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSECUTION OF	QUENCE OF	P):	Our	given in	Part I. 24a. WAS			AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con-	b	O (OR AS A CONSECUTION OF	QUENCE OF	P):	Our	given in	Part I. 24a. WAS	AN AUTOPSY FORMED?		COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	b. DUE TO c. DUE TO d. d. dittions contributing to	O (OR AS A CONSECUTION OF	QUENCE OF	P):	Our	given in	Part I. 24a. WAS PER 1 YES	AN AUTOPSY FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con	DUE TO d. ditions contributing to AL HOSPITAL:	O (OR AS A CONSECUTION OF	QUENCE OF	n the unde	our ortying cause Common	given in	Part I. 24a. WAS PER 1 Yes	AN AUTOPSY FORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant con	DUE TO d. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE O	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	QUENCE OF QUENCE	OTHER: 4 (X) Nursing	orfyling cause Conviction 26. PLACE OF g Home 5 1 cc. INJURY AT WORK?	given in	Part I. 24a. WAS PER 1 YES	AN AUTOPS'S PORMED?	7 24b	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant con 25. WAS CASE REFERRED TO MEDIC EXAMMER? LYES 2 NO 27. MANNER OF DEATH Metural 5 Pending	DUE TO d. DUE TO d. CAL HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, interpretable) 28b. PLACE building	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION	QUENCE OF	OTHER: 4 (X Nursin	26. PLACE OF g Home 5 1 1 ic. INJURY AT WORK? 1 1 YES 2	given in	Part I. 24a. WAS PER 1 Yes	AN AUTOPSY FORMED? 3 2 [NO W INJURY O	CCURED	ARALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant context in the significant	DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO A. DUE TO	O (OR AS A CONSECTION OF INJURY — At Inc. (Specify)	OUENCE OF COUENCE OF CO	OTHER: 4 (X) Nursing E OF UNRY M street, factory and at the time	26. PLACE OF g Home 5 1 1 C. INJURY AT WORK? 1 YES 2 c, office a, date and place lion, death acc	given in	Part I. 24a. WAS PER 1 YES 1 YES 24d. DESCRIBE HO City or Rown, S City of Rown, S City or Rown	AN AUTOPSY OPHIED? 3 2 [NO W INJURY O	CCURED or or Fural II tailed. the cause(s	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner se stated. 2 (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant converse or the	DUE TO d. DUE TO O (OR AS A CONSECTION OF CONSE	OUENCE OF COUNTY	OTHER: 4 X Nursing E OF URY M street, factory ed at the time on, in my opin	28. PLACE OF 28. PLACE OF 10 Home 5 11 WORK? 1 1 YES 20 1, office 1, dete and place 29c. Life 29c. Life	given in Constitution of the Constitution of t	Part I. 24a. WAS PER 1 VES Neck only one) 8 Other (Specify) 28d. DESCRIBE HO City or Town, S Describe to the cause(e) and e time, date and place	AN AUTOPSY PORMED? 3 2 (SNO W INJURY O (1) was and Numbers wanner as all and due to 29d. Di	ccured or Aural I the cause(e ATE SIGNED June	ROUTE Number, a) and manner as stated. (Month, Day, Year) 27, 1991	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant consequence of the c	DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DU	O (OR AS A CONSECTION OF CONSE	OUENCE OF COUNTY	OTHER: 4 X Nursing E OF URY M street, factory ed at the time on, in my opin	26. PLACE OF g Home 5 1 1 C. INJURY AT WORK? 1 YES 2 c, office a, date and place lion, death acc	given in Constitution of the Constitution of t	Part I. 24a. WAS PER 1 VES Neck only one) 8 Other (Specify) 28d. DESCRIBE HO City or Town, S Describe to the cause(e) and e time, date and place	AN AUTOPSY PORMED? 3 2 (SNO W INJURY O (1) was and Numbers wanner as all and due to 29d. Di	ccured or Aural I the cause(e ATE SIGNED June	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number, a) and manner se stated. 2 (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any stear death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlal-transit to filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examiner must be netfilled at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

3-3	tending	as th	
BALTIMORE, MARYLAND 21203-3	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
ND	hospit	rtached	nce.
LA	by the	be de	at or
IAR	etained	shouk	otified
E, Z	ay be r	page 5	be n
OR	Je 6 m	rector,	mus!
MIT.	th. Pag	neral di	miner
BA	fter dea	the fur	al exa
	ours a	d in by	medic
	in ear	ely fille nation,	the .
46,	ed with	al, cren	event
131	execut	to burk	matic
SOX	ate be	hysiciar prior	r trau
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RDS	that the	d by th	my inj
00	quires 1	Health	OWS a
R	law rec	as beer	23 sh
IA	N: The	State [Item
7 \	YSICIA	s certif	9d, or
NO	ING PH	ufter thi	mark
ISIO	TTEND	after d	28 is
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	L OR A	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	SPITAL	INERAL Thin 72	NT: H
	THE HO	THE FU	PORTA
	2	2 8	E

1 - FOR STATE REGISTRAR	STATE OF MARYI	AND / DEPARTI				GIENE G. NO.		
1. DECEDENT'S NAME (First, Middle, LE SHIRLEY GE		USER			2. DATE OF DE MONTH JUNE	DAY	YEAR	143 A
4. SOCIAL SECURITY NUMBER 579-22-2807 9a. FACILITY NAME (If not institution, g	1 🗆 M 2 💢 F	66 YAS.	ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIR (Month, Day, Mar 24,	1925	B. BIRTHPLAC Country)	gton, D.C
1415 Bradley A	lvenue		Rockvi		28111		ntgome	
10a. STATE 10b. CO			kville	TION				. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 1415 Bradley A		1 1100		ZIP CODE			IZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yee, sp	20851 ENDENT OF HISPAI solfly Cubern, Mexice 2x NO Specifi	n, Puerto Rican,	city Yes or No-	14. RACE — A Black, Wh Specify:	American Indian.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo etired.)	on et of working USeWife		of Business/in	DUSTRY	MILOC
	ffee			18. MOTHER'S NA Tessie	ME (First, Middle,	Maiden Surname) Feldmar		
190. INFORMANT'S NAME (Type/Print) Herbert H. Hou	ser (Husband			nd Number or Rural	Route Number, Clty	y or Town, State, Zi	ip Code)	
20s. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 1	Removal from State	b. PLACE OF DISPOSIT	ION (Name of ce	netery, cremetory or Crematory		20c. LDCATION -		
4 Donation 6 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	M00827	Rapp	Funeral Fist Ave	Service			20910
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated exerts	b. DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):					4	Smo
PART II. Other aignificant cond	d		the underlyin	g cause given in		WAS AN AUTOPSY PERFORMED?	AMA	RE AUTOPSY FINDING JLABLE PRIOR TO MPLETION OF CAUSE
					_ '	YES 2 NO	OF	DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 — YES 2 💢 NO	HOSPITAL: 1 Inputiont 2 ER/Ou		OTHER:	ACE OF DEATH (C)		offel		
27. MANNER OF DEATH 1 Natural 6 Pending Investigat	28a, DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT DRIK? YES 2 ND		E HOW INJURY O	CCURED	
3 Suicide 6 Could no 4 Homicide determine	building, etc. (Sp	Y — At home, farm, str ecily)	eet, factory, offic	•	28f. LOCATION City or Tow	(Street and Numbern, State)	er or Rurel Route	Number,
construction of the	HYSICIAN: To the best of my kno MINER: On the bests of examinat							d menner as stated
29b. SIGNATURE AND TITLE OF CERT	nto	SATU STEN 42 ST.	hdud	29c. LICENSE NU			June 21	
Ralph V. Bocci	a, M.D.	14808 Ph		s Lane #	212, Ro	ckville	e, MD	20850
JUN 24 '91	grhie Davids	m Handell						DHMH-16 Rev

- nours after death. Page 6 may be retained by the	filled in by the funeral director, page 5 should be d on, or removal.	ne medical examiner must be notified at o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he study within 72 hours after death with the State Dent, of Health and Mental Hodere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

121-10-8754 1	THPLACE (State or Foreign notry) W YO'R DEATH ORE 10d. INSIDE CITY LIMITS? RX YES 2 NO F WHAT COUNTRY?
121-10-8754 1	W YORK DEATH ORE 10d. INSIDE CITY LIMITS? P(X) YES 2 \(\) NO F WHAT COUNTRY?
THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 100. STREET AND NUMBER 3330 N. Leisure World Blvd. #1011 101. ZIP CODE 102. CITY, TOWN OR LOCATION 102. CITY, TOWN OR LOCATION 103. STREET AND NUMBER 104. ZIP CODE 105. CITY TOWN OR LOCATION 106. CITY TOWN OR LOCATION 107. ZIP CODE 108. CITIZEN OF 109. CITIZEN OF 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RA 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 16. STATE 17. Never Married 2.XXMerried 18. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No— 19. STATE 19	ORE 10d. INSIDE CITY LIMITS? MX YES 2 NO F WHAT COUNTRY?
The street and number	NAT COUNTRY?
100. STREET AND NUMBER 100. S	NAT COUNTRY?
	1 States
	1 DEGLES
IF YES, GIVE WAR OR DATES 1 YES 27 NO Specify:	ACE — American Indian, eck, White, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) T7. FATHER'S NAME (First, Middle, Lest) 16a. DECEDENT'S USUAL OCCUPATION (Glve kind of work done during most of working life. Do NOT use retired.) Physicist 16a. DECEDENT'S USUAL OCCUPATION (Glve kind of work done during most of working life. Do NOT use retired.) Fig. DECEDENT'S USUAL OCCUPATION (Glve kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY General Motors 17. FATHER'S NAME (First, Middle, Lest)	
5 Physicist General Motors	S
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Meiden Surneme)	
19a INFORMANT'S NAME (Street/Print)	20906
Phyllis Hodes (wife) 3330 N. Leisure World Blvd., Silver Spi	
200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name DATE 200. LOCATION — City or	
1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Suburban Crematory 6-30 Silver Spring Suburban Crematory	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Danzansky-Goldberg Memorial Cha	-
shock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cyclical Vaccules Acudes DUE TO (OR AS A CONSEQUENCE OF):	Interval Betwee
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST D. Tropessive declir is result status DUE 10 (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.	lak.
	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 00	OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	
EXAMINER? HOSPITAL: OTHER:	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. PLACE OF DEATH (Check only one)	
M 1 YES 2 NO 2 Accident Investigation 26 PLACE OF INJURY — At home form street factors office. 261 LOCATION (Street and Mumber or But	rel Route Number,
Natural S Pending Natural Natu	rel Route Number,
Natural S Pending Natural Natu	
Accident State S	
Accident 2 Accident 3 Suicide 4 Homicide 4 Homicide 4 Homicide 26a. PLACE OF INJURY — At home, farm, street, factory, office 26t. LOCATION (Street and Number or Run City or Town, State)	se(e) end manner as stated.

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. STATE REGISTRAR				CERTIF	ICATE	OF	DEA	TH		REG. NO			
I. DECEDENT'S NAME (First, N	Aiddle, Last)					Med				OF DEATH			3. TIME OF DEATH
F. Russell	Haga	n							MONT	6	25	91	12:50 AM
SOCIAL SECURITY NUMBER		5. SEX	6. AGE (in	yrs. lest birthday)	IF UNDER	1 YEAR	IF UNDE	ER 24 HRS,		OF BIRTH		8. BIRT	HPLACE (State or Foreign
577-36-3331		1 XM 2 F	63	YRS.	MONTHS	DAY8	HOURS	sere.	Tin Ts	25,19	927	Coun W:	ashington, D
FACILITY NAME (If not insti	itution, give :	street and number)			9b. CITY	, TOWN OF	LOCAT	TION OF D				NTY OF	
Montgomery		ral Hospi	tal		01r	ney,	Ma	ryla	ind		Mo	ntgo	mery
	10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCATIO	ON						10d. INSIDE CITY
aryland	Mor	ntgomery		Ro	ockvi	11e							LIMITS?
STREET AND NUMBER		- J				101.	ZIP COI	DE			10a, CIT	IZEN OF	WHAT COUNTRY?
4113 Manorv	rale l	Road					208	53				J.S.	
MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U	J.S. ARMED	13.	WAS DECE	NDENT	OF HISPA	NIC ORIGIN	17 (Specify Yes	or No-	14. RAC	E American Indian,
Never Married 2 2 M Wildowed 4 Divorce		FORCES? 1 IF YES, GIVE V	X YES	2 NO	3	If yes, spec	olfy Cub	oan, Maxica	an, Puerto	Rican, etc.)	G 110-	Blac	ck, White, etc.
	DENT'S EDU		1	6a. DECEDENT'S	USUAL O	CCUPATION	N .		16b	KIND OF BU	SINESS/IN	DUSTRY	
(Specify only I Elementary/Secondary (0-1:		completed)	6)	(Give kind of life. Do NOT u	work done	during most	of work	king					,
Elements productionary (0-1.	-/	Conege (1~e of 5	4	Tax A	Accou	intan	t			Sel	f-emp	ploy	ed
ATHER'S NAME (First, Mide	dle, Lest)	-				- 1	18, MO	THER'S N	AME (First	Middle, Maiden	Sumamal	_	
John A. Hag										Eckhar			
INFORMANT'S NAME (Typ				100 100 110	ADDRESS	C /Ctanada						la Cartel	
		2 12								ille,			3
Particia R.		all						, 11	_				
Burial 2 Cremation Donation 5 Other (S	3 Ren	noval from State		metary, cremator C OI H				ry 6	-28-				ng, Md.
SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	110		22.	NAME AND	ADDR	ESS OF F	ACILITY .	DeVol	Fune	ra1	Home
· (). /.	1	N	101		100	200 1	T.\$						
L PART . Enter the dis	1	W-191	14				_						ngton,D.C.
shock, or has	art failure.	complications the	usa on aec	the death. Do	not anter	tne mod	e of a	lying, suc	ch ea can	diac or reap	tratory ar	rest,	Approximate interval Between
IMEDIATE CAUSE (Fina	ıl			- 60			, /	/	/				Onset and Death
sease or condition	>	8	Ca	reliege	me	1 2	ho	ck					
		DUE TO	(OR AS A C	CONSEQUENCE	OF):	1	1	2	1	,			
and the second second		b	M.	your	de	In	rfe	ric	wo				
quentially list conditions any, leading to immedi		DUE TO	(OR AS A C	ONSEQUENCE (OF):		0						
use. Enter UNDERLYIN	IG	C											
AUSE (Disease or injury at initieted events		DUE TO	(OR AS A C	CONSEQUENCE	OF):								
aulting in death) LAST		d											
DT II ON THE PROPERTY.										1 1 1 1 1 1 1 1 1 1		_	
ART II. Other significan	conditio	na contributing to	death but	t not resulting	In the u	nderlying	Cause	given in	n Part i.	24a. WAS AN PERFO		24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
			- 18							1 TYES	2 10 NO		COMPLETION OF CAUSE OF DEATH?
-		-											1 YES 2 NO
WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF	DEATH (C	heck only o	ne)			
EXAMINER?		HOSPITAL:	☐ ER/Output	tient 3 DOA	OTHE 4 Nu		5 🗆	Residence	6 🗆 Oth	er (Specify)			
MANNER OF DEATH		28s. DATE OF	FINJURY	28b. TI	ME OF	28c. INJU	JRY AT			SCRIBE HOW	INJURY O	CCURED	
Natural 5 P			Day, Year)	16	LJURY M	WOR	RIC?	□ NO					
	rvestigation	26a PLACE	OF INJURY	- At home, farm,	street too				281 104	CATION /Stee-of	and Numb	or or Down	I Route Number.
	could not be	building	, atc. (Specif)	— ж. поня е, тегт , у)	etrest, ISC	логу, отнев				or Town, State		or MUNS	route Number,
	FYING PHY	SICIAN: To the best o	my knowle	dge, death occur	red at the	time, data	and pla	ce, and du	e to the ca	use(a) and ma	nner as st	sted.	
ana)	AL EXAMIN	IER: On the basis of	xamination	and/or investigat	lon, in my	opinion, de	eth occ	cured at th	e time, det	a and place, a	nd due to	the cause	e(s) and manner as stated.
b. SIGNATURE AND TITLE (OF CERTIFIE	ER/	11				29c 11	ICENSE NU	IMBER		294 DA	TE SIGNI	ED (Month, Day, Year)
Alest	-/	190	10 0	un					00		D. DA	6/2	5/01
NAME AND ADDRESS OF	DEDSON W	NO COMPLETED OF	ISE OF DEAT	TH ATEN OF C	o Colore							/	1/1/
15225 S	PERSON W	HO COMPLETED CAL	DE OF DEAT	III (IIEM 27) (Typ	e, Print)	. 1	1	111		112-	90	- 12	
1222)	men	2 anos	me /	0000 -	Ro	012	nek	ee,	040	1 10	02		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. 10

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

JUN

'91

whia Davidson Randall

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

6

REGISTRAR			CE	RTIF	CATE OF	DEATH		REG. NO			
1. DECEDENT'S NAME (First,	Middle, Last)	Margueri)arque	te R.	Hoov	ler		2. DATE	OF DEATH	ž 9	YEAR	3. TIME OF DEATH
. SOCIAL SECURITY NUMBER 169-09-1379		5, SEX 1 M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH		Country	PLACE (State or Foreign
Suburban Hosespeeper	spital				9b. CITY, TOWN Bethe	or Location of Di sda		,,	9c. COUN	TY OF D	
	10b. COUNTY			10c. CITY	, TOWN DR LOCA	TION					10d. INSIDE CITY
Maryland	Mont	gomery		Che	vy Chas						1 X YES 2 NO
STREET AND NUMBER					10	1. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
#826 Leland MARITAL STATUS Never Married 2 N Widowed 4 Divore	farried	12. WAS DECEDENT	YES 2 THE	MED D	Il yes, sp	20815 CENDENT OF HISPAI DECITY Cuben, Mexics S 25 NO Specific	an, Puerto		s or No—	U . S 14. RACE Black Speci	- American Indian, , White, etc.
	DENT'S EDUC highest grade		(GIV	e kind of w Do NOT us	USUAL OCCUPATI york done during me e retired.)	ost of working	16	Hos	siness/indu		
FATHER'S NAME (First, Mic						18. MOTHER'S NA	ME (First,	Middle, Meiden			
I. INFORMANT'S NAME (7)			19b.	MAILING	ADDRESS (Street	and Number or Rural	Route Nun	nber, City or Tow	m, State, Zip	Code)	
Stewart I	N			F DISPOS		reet. Ale	ex.		314 CATION — C	ity or To	wn, Btate
3. PART I. Enter the disahook, or he MMEDIATE CAUSE (Fine isease or condition equiting in death)	ert fellure.	List only one caus	ceused the des		5130 tot enter the mo	No Appress of Familiary Wisconsing Oda of dying, aud Cusue	n Ave	e., Wa	sh. D	С.	
equentially list conditionary, leading to immediate. Enter UNDERLY!NUSE. (Disease or Injurat Initisted events suiting in death) LAST	lete IG y	s	OR AS A CONSED								
ART II. Other significer	et condition	_	death but not re		(1-	- 1	Part I.	24a. WAS AN PERFO 1 YES	RMED?	24b	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL				LACE OF DEATH (C)	heck only o	one)			
1 UYES 2 NO		HOSPITAL:				ne 5 🗆 Residence					
	ending nvestigation	28a. DATE DF (Month, De		28b. TIMI	URY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCC	URED	
3 Suicide 6 D	could not be etermined	28s. PLACE Of building,	F INJURY — At horetc. (Specify)	ne, farm, s	street, factory, offi	C®	28t. LO C/h	CATION (Street y or Town, State	and Number (or Rural I	Route Number,
		CIAN: To the best of R; On the basis of a									i) and manner as stated.
b. BIGNATURE AND TITLE	1-	M	22	N	7	29c. LICENSE NU D01119			29d. DATE ▶ Ju	signed 1y 3	(Month, Day, Year) 3, 1991
NAME AND ADDRESS OF		M.D., 47				howy Cha	00	MD 20	015		
DATE FILED (Month, Day,)	bar)		RESIGNATURE			nevy Clia	se,	- ZU	017	-	
MI C		Aulia,	Davidana_1	andel	2						

1	FOR STATE REGISTRAF

	REGISTRAR		CE	RTIF	CATE C	F DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					,	2. DATE O	F DEATH			3. TIME OF DEATH
	Margaret	P. H	olmes				Tilly	5, 19		YEAR	5:30 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last	hirthday	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE O		1	A BIRTH	IPLACE (State or Foreign
	243 26 5608	1 M 2 X F	68		MONTHS DAY		Nov.	Day, Year) 2, 192	22	Countr	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOV	N OR LOCATION OF	DEATN		9c. COUN	TY OF D	EATH
<u>۳</u>	Holy Cross Hospit	al			Silve	r Spring			Mon	tgor	mery
Ĕ I	RESIDENCE OF DECEDENT										
DIRECTOR	10e. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
ā	Maryland Mont	gomery		Si	lver S	pring					1 YES 2 NO
4	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZ	ZEN OF V	WHAT COUNTRY?
FUNERAL	3607 Pear Tree Co	ourt				20906			Unit	ed S	States
3	11. MARITAL STATUS	12. WAS DECEDENT				DECENDENT OF HISP			or No-	14. RACI	E — American Indian,
	1 Never Married 2 Married	FORCES? 1 [IF YES, GIVE WAI		0		, specify Cuben, Mexi YES 2 IQ NO Spec		can, etc.)		Spec	k, White, etc.
B⊀	3 Widowed 4 Divorced	10 139 0100000					,				Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		16a. DE	CEDENT'S	USUAL OCCUP	ATION	18b. I	KIND OF BUS	INESS/IND	USTRY	
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	e retired.)	most of working					
릴	12		I	ress	er			Cloth:	ing		
0	17. FATHER'S NAME (First, Middle, Last)					16. MOTNER'S	NAME (First, Mi	iddle, Maiden	Surname)		
	Claudy Wright					Everl	ine	Herr	ing		
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Str	eet and Number or Run	al Route Numbe	r, City or Town	n, State, Zip	Code)	20906
2	Mary Brooks			2904	Bluff	Point Lar	ne. Si	lver :	Sprin	g. I	
	200. METHOD OF DISPOSITION		_			f cemetery, cremetory o		_	CATION —		
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Gate	of He	aven	Cemetery		Sil	ver s	Spri	ng, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	00.00								rey Funeral
	> Jeffing 1	1	M0068	39	Home	/Rockvill	le, In	c. 30	00 We	st	Montgomery
	23. PART I Minter the diseases, Dr	complications thet	ceused the de	eth. Do n	ot enter the	mode of dying, at	uch ae cerdi	ec or reepi	ratory arr	eat,	Approximate
- 1	phook, or heart fellure.	List only one cous	e on each line	y.							Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	RESI	DIRA:	TOR	'V	ARRE	ST				
	resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF	Pi:	/////					
_	_	SUR	DUPA	1	141	1114 70	111				
O	Sequentially list conditions,	DUE TO (OR AS A CONSEC	DUENCE OF	7 / C	MINE 10	7°()F				
CERTIFICATION	if any, laading to immediate cause. Enter UNDERLYING	DUE TO (C	110 i	VMI	PHOL	STIC	LEUI	FM	IA		
FI	CAUSE (Diseese or Injury that initiated events	DUE TO (OR AS A CONSEC	DUENCE OF	7 <i>70</i> C	1110			//	-	
E	resulting in death) LAST	. THEOI	MBOC	VTO	SEN	11A .					
S		d. 17007	1000	-	, ,						
	PART II. Other algnificant condition	es contributing to d	leeth but not r	esulting i	in the under	lying cause given	in Part i.	24a, WAS AN PERFOR		24	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDICAL								1 YES 2	™ NO		COMPLETION OF CAUSE OF DEATH?
MEC											1 YES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL				2	6. PLACE OF DEATH	Check only one)			
Sic	EXAMINER?	HOSPHAL:	ER/Outpatient 3	DOA	OTHER:	Nome 5 - Residence	e 8 🗆 Other	(Snectfy)			
PHYSICIAN:	27. MANNEB OF DEATH	28s. DATE OF I		28b. TIM	E OF 280	. INJURY AT	_	CRIBE HOW I	NJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day	y, Year)	INJ	M 1	WORK?					
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF	INJURY — At ho	me, farm, r	street, factory,	office	28f. LOCA	TION (Street	and Number	or Rural	Route Number,
COMPLETED	4 Homicide 6 Could not be	building, e	itc. (Specify)				City o	r Town, State)			
E .	29a. CERTIFIER						V7			_	
APL	(Check only	ICIAN: To the best of r									o-waterway.
Ö	2 MEDICAL EXAMIN	ER: On the basis of axi	emination and/or	Investigatio	on, in my opini	on, death occured at 1	the time, data	and place, ar	nd due to th	ne cause	(a) and menner as stated.
BE (29b. SIGNATURE AND TITLE OF CERTIFIE	AND				29c. LICENSE N			29d. DAT	E SIGNE	D (Month, Day, Year)
	Musedella					136	816			7	5-71
5	30. NAME AND ADDRESS OF PERSON WI		1					,	/		(1)
		DEZMAN	103	301	Georg	12 Ave	51	lver	Spri	19	40 20902
	31. DATE FILED (Month, Day, Year)	32 REGISTRA	S SIGNATURE	nd-00							
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STUNG NO	Macan-	And and							_ !



19583 91

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-1020	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the how that continue physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be said within 72 hours after death with the State Deat, of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law require	TO THE FUNERAL DIRECTOR: After this certificate has been signal after death with the State Deot. of He.	IMPORTANT: If Item 28 is marked, or Item 23 shows

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR										
DECEDENT'S NAME (First, Middle, Last		READ	TO	NEG	MONT		AY 100	YEAR	3. TIME OF	
CHARLES SOCIAL SECURITY NUMBER	5. SEX		JO IF UNDER 1 YEAR	NES	07	06 OF BIRTH	199		5:50	A or Foreign
215-66-9399	1 XM 2 F		ONTHS DAYS	HOURS MIN.		4, 19	57			ON, DC
. FACILITY NAME (If not institution, give			h CITY TOWN	OR LOCATION OF		7, 13	9c. COUN			.011,100
SHADY GROVE ADVE				VILLE	DEATH		MONT			
e. STATE 10b. COUN	NTGOMERY		AITHER				0.7		10d. INSIDE	3?
413 WOODLAND R	OAD		10	20877	7		10g. CITIZ	USA	NAT COUNT	FRY?
. MARITAL STATUS [XNever Married 2 Married Widowed 4 Divorced		TEVER IN U.S. WAMED UYES 2 → NO RATOR DATES	If yes, s	CENDENT OF HISP pecify Cuben, Mexi S 2 NO Spec	can, Puarto 1		e or No	14. RACE Black, Specify	- America White, etc. : Wh	n Indian,
15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12) 1 2		16e. DECEDENT'S US (Give kind of wor ifte. Do NOT use of N/A	rk done during m	ION lost of working	18b	. KIND OF BU	SINESS/INDU	USTRY		
FATHER'S NAME (First, Middle, Last) CHARLES CLEC	JONES			16. MOTHER'S P		G •	Sumame) RE	AD	A.	
RICHARD G.	JONES (B			and Number or Run HILL ROA					AND 2	20853
g. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re	moval from State	20b. PLACE AND DATE Of cometany crematory of	F DISPOSITIO		OAT	E 20c. LC	CATION C	Ity or Tow	m, State	IARYLA
I. SIGNATURE OF FUNERAL SERVICE I	LCENSEE COLLIN	9		UNIVERS						
3. PART I. Enter the diseases, o shock, or heart fallign MEDIATE CAUSE (Final isease or condition sesuiting in death)	complications the List only one cau	t caused the death. Do not see on each line. DISORDER (OR AS A CONSEQUENCE OF):	500 t antar the m	UNIVERS	TY BI	VD.,	W., S	IL.	SP.,	
3. PART I. Enter the diseases, o	eomplications that List only one cau. a. SEIZURE bue TO b. OUE TO	DISORDER	500 t antar the m	UNIVERS	TY BI	VD.,	W., S	IL.	SP.,	MD 20
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	Bertha	James					2. DAT MON	6 OF DEATH	YEA	3. TIME OF DE. 2:20	
4. SOCIAL SECURITY NUM 579–16–901	BER	5. SEX	6. AGE (In yrs.	Man	IF UNDER 1 YE	IAR IF UNDER 24 HI	8. 7. DAT	E OF BIRTH	6. 81	RTNPLACE (State or REGINIA	
1832 METZER	OTT ROA		/4				F DEATN				S
10a, STATE	10b. COUNTY		'S	10c. CITY	TOWN OR L		LPHI			LIMITS?	
1832 METZ						101. ZIP CODE	20783	3			
1 Naver Married 2 X		FORCES?	1 YES ZA	ABMED XNO	If ye	a, specify Cuban, Me	exican, Puert	ain? (Specify Yea o Rican, etc.)		llack, White, etc.	llen,
(Specify on Elementary/Secondary (ly highest grade	completed)		(Give kind of w life. Do NOT use	ork done durin retired.)	PATION g most of working	1				
									Surname)		
		ÆS (HUS)	BAND)	196. MAILING 1832	ADDRESS (SE	reet and Nuralle 30st ROTT ROAL					
1 Burial 2 Cremail 4 Donation 6 Othe	on 3 Remo		20b. PLA MAR	E OF DISPOSE YLAND	NATION (Name	of cometery, crematory NAL PARK	ror				
21. SIGNATURE OF PURIFIED	L surviyee Lic	Jay	Por							.c. 200	19
shock, or I	neert fallure.	Liet only one ce	NSTA	ino.	B					Interval Onset s	Betwe
Sequentisity list conditions, If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infilitated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
PART II. Other signific	ent condition	s contributing to	o deeth but no	t resulting l	the under	rlying cause give	n In Part I.	PERFOR	RMED?	AMAILABLE PRIO COMPLETION OF OF DEATH?	F CAUS
EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:						
27. MANNER OF DEATH 1XX Natural 5		26a. DATE D	F INJURY	28b. TIME	OF 28	c. INJURY AT WORK?	28d, 0		NJURY OCCURE	D	
• 🗆 • • • • •		28e. PLACE building	OF INJURY — AI J, atc. (Specify)	home, farm, s	lreet, factory,	offica	261. Li	DCATION (Street a Ity or Town, State)	and Number or Ru	iral Route Number,	
onel										se(a) and manner as	state
	1832 METZER RESIDENCE OF DET 10e. STATE MARYLAND 10a. STREET AND NUMBER 1832 METZ 11. MARITAL STATUS 1 Naver Married 2 X 3 Widowed 4 Div 15. DEC (Specify or Elementary/Secondary (12th grade 17. FATHER'S NAME (First, A WILLIAM W. 19a. INFORMANT'S NAME (MR. ROBERT 20a. METNOD OF DISPOSIT 1 Buriel 2 Cremshi 1 Donation 6 Othe 21. SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 1 SIGNATURE OF DISPOSIT 21. SIGNATURE OF DISPOSIT 22. NAS CASE REFERRED EXAMINER? 25. WAS CASE REFERRED EXAMINER? 26. WAS CASE REFERRED EXAMINER? 27. MANNER OF DEATH 28. NAS CASE REFERRED EXAMINER? 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 29a. CERTIFIER 20b. CERTIFIER 20c. 1832 METZEROTT ROARESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. 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CERTIFIER 1 PEDITIEVING PUNCICALLY To the head of the building the puncical of the determined the building the puncical of the pu	98. FACILITY NAME (If not institution, give street and number) 1832 METZEROTT ROAD #304 RESIDENCE OF DECEDENT 108. STATE 109. COUNTY MARYLAND PRINCE GEORGE'S 109. STREET AND NUMBER 1832 METZEROTT ROAD #304 11. MARITAL STATUS 11. MAS DECEDENT EVEN IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/ISecondary (0-12) 12 th grade 17. FATHER'S NAME (First, Middle, Last) WILLIAM WINSTON 199. INFORMANT'S NAME (Fype/Print) MR. ROBERT T. JAMES (HUSBAND) 209. METNO OF DISPOSITION 1 Burlei 2 Cremation 3 Removal from State A 1 Donation 6 Other/Specify 21. SIGNATURE OF PURIFICAL INTOCE LICENSE 18 say, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events 19. WAS CASE REFERRED TO MEDICAL EXAMINERY 10. 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BALTIMORE, MARYLAND 21215-0020

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD 9536

32. REGISTRAR'S SIGNATURE

ia Savidson-Randale

JUN 27 '91

	REGISTRAR 1. DECEDENT'S NAME (First, Middle Last)		CE	RIFICAL	E OF DEATH		REG. NO.	1.	. TIME OF DEATH
ľ	Maurice Joh	n J. John	son.Sr.			MONT		YEAR S	726
I	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. lest		R 1 YEAR IF UNDER 24		OF BIRTH	8. BIRTHPL	ACE (State or Foreign
	579-44-9898	1 M 2 F	73	YAS. MONTHS		2-	21–18	Tow	a
	Sa. FACILITY NAME (If not institution, give st Southern Maryland RESIDENCE OF DECEDENT		CKr.	9b. CIT	Clinton	OF DEATH	9c. C0	PG PG	TH
	Md. Pri	nce George	e's	10c. CITY, TOWN	nton				DID. INSIDE CITY LIMITS? YES 2 ND
-	9021 Dixon Dri	ve			101. ZIP CODE 2073	35	10g. C	USA	AT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 A Married 3 Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 15 IF YES, GIVE WAF 1949-1	YES 2 N	MED 13.	WAS DECENDENT OF H if yes, specify Cuban, it 1 YES 2 ND	Anxican, Puerto		14. RACE — Black, t Specify:	- American Indian, White, etc. White
	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Gh	ve kind of work done Do NOT use retired.)	during most of working	166	U.S. POS		ice
	17. FATHER'S NAME (First, Middle, Last) OSCAR William	Johnson					Middle, Maiden Surname la Arnold)	
	19a. INFORMANT'S NAME (Type/Print)		19b		S (Street and Number or		ber, City or Town, State,	Zip Code)	
11-	Sarah Emma John	son	20h DI ACE		as 10a-10f		E 200 LOCATION	— City or Town	State
	h Xerirla 2 Cremation 3 Remo	oval from Stata	of cemetary.	state Ve	terans Cer	netery	Chel	tenham	
	21. SIGNATURE OF FUNERAC BERVICE LIC	Hay	1.	6	NAME AND ADDRESS 633 Old Al Clinton, Md	Lexande	r Ferry Re	1 home oad	Inc.
	23. PART I. Enter the diseeses, or o shock, or haert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	e. Judde DUE TO (C) Arker	e on each line.	edence of:	Death.				Approximata interval Betwee Onset and Dea
	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	c	DR AS A CONSEC	DUENCE OF):					
	PART II. Other significant condition	s contributing to d	leath but not r	esulting in the u	inderlying cause giv	en in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	6	VERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 N	26. PLACE OF DEA				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE DF II (Month, Day	NJURY	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DE	SCRIBE HOW INJURY	OCCURED	y-
	3 Suicide 6 Could not be	26a. PLACE OF building, a	INJURY At ho tc. (Specify)	me, farm, strest, fa	ctory, offica	281. LOI City	CATION (Street and Num or Town, State)	iber or Rural Ro	ute Number,
	4 Homicide determined	1000							

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FOR
STATE
REGISTRAR
REGISTRAN

. DECEDENT'S NAME (First, Middle, Last)						2. DATE C				3. TIME OF DEATH
ELMER	D		JOHN	SON		June		1991	YEAR	3:08 a
577-52-7137	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. las		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O			8. BIRTH Count	IPLACE (State or Foreig
oe. FACILITY NAME (If not institution, give octors Community RESIDENCE OF DECEDENT				La	on location of dinham	EATH		1	NTY OF D	
Maryland Prin	r ice Georg	e		at Pleas						10d. INSIDE CITY LIMITS? 1) YES 2 NO
1117 Carringtor	Avenue			10	1. ZIP CODE 20743				S.A.	WHAT COUNTRY?
H. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V 1957-19	IT EVER IN U.S. AR TYPES 2 NA WAR OR DATES	IMED NO	If yes, s	CENDENT OF HISPAI Decify Cuben, Mexico 3 2 NO Specif	in, Puerto R		s or No—	Blac	E — American Indian, k, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th Grade	JCATION e completed) College (1-4 or 8	(G	alve kind of w Do NOT us	usual occupativork done during me retired.)	ost of working	Pı	ivate	e Ind		у
Elmer D. Johnso	on, Sr.				Mary La		iddle, Maider	Sumame)		
Nancy Johnson		19			end Number or Rural gton Ave.					d. 20743
De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Ren Donation 5 Other (Specify)	novel from State	20b. PLACE of cemetary	AND DATE	or other place)	N (Name	DATE	_	OCATION —	City or To	
SIGNATURE OF FUNERAL SERVICE U	CENSEE	in		22. NAME A	ND ADDRESS OF FA	FI FI	azie	r's F	uner	
Sequantially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that intieted events resulting in death) LAST	b. Re DUE TO	OR AS A CONSE	A 11	4/e	o CArcin					
PART II. Other algnificant condition	na contributing to	daeth but not i	reaulting i	in the undarlyi	ng cause given in	Part i.	24a. WAS AI PERFO 1 YES	RMED?	241	MAILABLE PRIOR TO COMPLETION OF CAI DF DEATH?
					PLACE OF DEATH (C	heck only on)			
EXAMINER? 1 YES 2 NO	1	☐ ER/Outpatient 3		OTHER: 4 Nursing Ho	me 5 - Residence	6 🗆 Other	(Specify)			
1 VES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	1 Inpatient 2		28b, TIM	OTHER: 4 Nursing Ho E OF 26c. IN	With the same and	6 🗆 Other		INJURY OC	CURED	
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF (Month, I	FINJURY	28b. TIM	OTHER: 4 Nursing Ho E OF 28c. IN URY H	me 5 Residence JURY AT ORK? YES 2 NO	8 ☐ Other 28d. DE9 28f. LOC/	(Specify)	and Numbe		Route Number,
EXAMMER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	28a. DATE Of (Month, it 28a. PLACE of building SICIAN: To the best of	FINJURY Dey, Year) OF INJURY — At his, etc. (Specify) If my knowledge, de	28b. TIM INJ ome, farm, a	OTHER: 4 Nursing Ho E OF 26c. IN URY M 1 matreet, factory, off	JURY AT ORK? YES 2 NO	6 Other 28d. DE9 28f. LOC/City c	(Specify) CRIBE HOW ATION (Street or Town, State se(e) and ma	and Numbe	or or Rural	
EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 9a. CERTIFIER (Check only)	28e. DATE Of (Month, I) 28e. PLACE Of building SICIAN: To the best of the basis o	FINJURY Dey, Yber) OF INJURY — At he, etc. (Specify) If my knowledge, do examination end/or	28b. TIM INJ ome, farm, a leath occurre Investigation	OTHER: 4 Nursing Ho E OF 28c. In URY 1 Introduced in the time, day on, in my opinion,	JURY AT ORK? YES 2 NO	8 Other 28d. DES 28f. LOC/ City of to the cause time, data	(Specify) CRIBE HOW ATION (Street or Town, State se(e) end ma	and Numbers and state of the st	nted. TE SIGNE	



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THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. , nours after death, Page 6 may be retained by the host	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the page of the page o	MED WITHIN IZ hours after death with the state beht, or regulation while private private behavior, conserved, or remove. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	st, Middle, Last)	+ Lin	wood	561	hosav	Jr.	2, DATE MONTH	OF DEATH DA		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH Country	PLACE (State or Foreign
577-73-762	8	1/2 M 2 □ F	36	YRS.	MONTHS DAYS	HOURS MIN.		4/54			nington. D.
9a. FACILITY NAME (If not		_			-	OR LOCATION OF D			9c. COUP	NTY OF D	EATH
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Maryland	Prin		e's	1000	v, town on Loc • Washir						10d. INSIDE CITY LIMITS? Y YES 2 NO
9108 Doris						01. ZIP CODE 2074	·			USA	VHAT COUNTRY?
11, MARITAL STATUS 1 Never Married 2 C 3 Widowed 4 Dh	_	FORCES?	NT EVER IN U.S. AF 1 YES 2 2 WAR OR DATES	RMED NO	If yes, t	CENDENT OF HISPA pocity Cuban, Mexico S 2/1 NO Specia	an, Puarto I		or No-	14. RACE Black Speci B1a	,
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Elementary/Secondary		College (1-4 or 5	+1 1 -		ruction		I	Electr	ician	1	
17. FATHER'S NAME (First,	Middle, Last)					18. MOTHER'S NA	AME (First, I	Middle, Maiden	Surname)		
Ernest L.	Johns	on, Sr.				Luci1	le Ro	sebor	ough		
19a. INFORMANT'S NAME			10	b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Num	ber, City or Tow	n, State, Zip	Code)	
Linda S.	Johnson	n	200 D	same	as item	10					
20a. METHOD OF DISPOS 1 Durial 2 A Cremat 4 Donation 8	tion 3 🗆 Rer	noval from State	other o	lecel .	itan Cre	emetery, cremetory or ematory			cation – xandr		
21. SIGNATURE OF PUNET			//		22 NAME	AND ADDRESS OF F	ACII ITV				
23. ART I Enter the shock, or IMMEDIATE CAUSE (F	diseeses, or heart fallure	. List only one ca	use Dn each line	€.	not enter the n	AND ADDRESS OF F. SE P.Kala Oxon Hil node of dying, suc	1 Rd.	. Oxon	Hill		Approximate interval Between
shock, or	diseases, or heart failure Final ditions, nediate YING	a. Self Due To	ere Hen	e. To To	16160 not enter the n	Oxon Hil	1 Rd.	Oxon	Hill Iretory en		Approximate interval Between
shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERIL CAUSE (Disease or in that initiated events	diseases, or heart failure Final dittions, mediate YING oljury	a. Self Due To Ca. Due To Ca. Due To Ca.	O (OR AS A CONSE	e. TV COUENCE (COUENCE (COUENCE (16160 not enter the n Av ma OFF: Aun She f	Oxon Hill node of dying, suc	1 Rd.	Oxon	Hill iretory en	rest,	Approximate interval Betwee Onset and Dea
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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR		CERTIF	-ICALE OF	DEATH	REG. NO.		
100	1. DECEDENT'S NAME (First, Middle, Last) Retty Jackson					2. DATE OF DEATH DAY JUNE 19	1991	3. TIME OF DEATH 7:55PM M
	4. SOCIAL SECURITY NUMBER 579-42-1442	5. SEX 1 M 2 XF	6. AGE (In yrs. lest birthday) 57 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 3.1933	Cour	HPLACE (State or Foreign N.C.
TOR	98. FACILITY NAME (If not institution, give street and number) 66-West Dear Park Rd. Apt T-2 Gaithersburg RESIDENCE OF DECEDENT						9c. COUNTY OF	gomery
FUNERAL DIRECTOR	MD. Montgomery Gaithersburg							10d. INSIDE CITY LIMITS? 1 YES 2 NO
FRAL	100. STREET AND NUMBER 66-Dear Park Rd	0-+ T (Of, ZIP CODE			WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. ARMED YES 2 XNO NAR OR DATES	If yes,		NIC ORIGIN? (Specify Yee on, Puerto Rican, atc.)	Ble Spe	DE — American Indien, ck, White, etc. softy:
COMPLETED	15. DECEDENT'S EDUM (Specify only highest grade Elementary/Secondary (0-12)		+) (Give kind o			16b. KIND OF BUSH	NESS/INDUSTRY	Society
	6th 17. FATHER'S NAME (First, Middle, Last) Grady Ingham		Analyst			ME (First, Middle, Meiden S. 11 ie Crawfo	urneme)	30c rety
TO BE	190. INFORMANT'S NAME (Type/Print) Russell Johnson					Route Number, City or Town, . Wash. D.C)
	20e. METHOO OF DISPOSITION 1 X Burtel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Harmony N	1em Park	-L	Lando	over MD.	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		7		. Mort. Inc St. N.W. Wa		.C.
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inlitted events	a. MCC DUE TO b. DUE TO		OF):	Ynkn		mary	Approximate interval Between Onset and Death 3 MO.
	PART II. Other significant condition	Part I. 24s. WAS AN A		Ib. WERE AUTOPSY FINDINGS				
MEDICAL								COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C)	neck only one)		
HYSI	1 TYES 2 NO 27. MANNER OF GEATH	1 Inpatient 2	☐ ER/Outpatient 3 ☐ DOA F INJURY 28b. Ti	4 Nursing H	ome 5 🗆 Residence	6 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e, PLACE	OF INJURY — At home, farm, atc. (Specify)	M 1	YES 2 NO	28f. LOCATION (Street en City or Town, State)	nd Number or Plura	I Route Number,
LETE	4 Homicide determined				Successive Service		S/2.3	
COMPLETED	one) 2 MEDICAL EXAMINE	R: On the basis of	f my knowledge, death occu					o(e) and manner se stated.
TO BE	29b, SIGNATURE AND TITLE OF CERTIFIED	TAT	MMI)		29C-LICENSE NU	MDER 2407	P G	2 179
	30. NAME AND ADDRESS OF PERSON WH TOSCH HAGGERT 31. DATE FILED (Month, Day, Year)	1 MD 1			LANE ?	#212 Ro	CKVILLE	e, MD ZOPSO
	JUN 26 '91	Julia Da	rdson-Aandalle					

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DHMH-16 Rev 1/89

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STATE OF	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENI
	C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		MENT OF H		MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Last) MARY		JOHNSON			2. DATE OF DEATH MONTH JUNE 25,1		3. TH	AE OF DEATH
4. SOCIAL SECURITY NUMBER 541-09-0779 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🗔 F	E (In yrs. last birthday) NRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DI	7. DATE OF BIRTH (Month, Day, Year) NOV . 10,]	.901 T	EXAS	(State or Foreign
CARRIAGE HILL I		ER	SILVER		EATH		GOMERY	
10e. STATE 10b. COUNT	ry IGOMERY	10c. CITY	TOWN OR LOCAT					NSIDE CITY JIMITS? YES 2 NO
9405 CAROLINE AV	ENIIE		101	ZIP CODE 2090)1	10g. CITIZE	USA	OUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPAI	NIC ORIGIN? (Specify) in, Puerto Rican, etc.)	fee or No — 1		
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) Cotlege (1-4 or 5+)	Ilfe. Do NOT use	ork done during mod retired.)	N at of working	16b. KIND OF E	USINESS/INDU		
17. FATHER'S NAME (First, Middle, Last)	2	SCHOOL	PEACHER	18. MOTHER'S NA	ME (First, Middle, Maid	en Surname)		
EMMETT MCDONALI	COOKSEY			KITTY	LIEB NEW	I		
19e. INFORMANT'S NAME (Type/Print)	(60-)				Route Number, City or 1			
JACK H. JOHNSON 20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 TRee		9405 (20b. PLACE AND DATE of cemetary, crematory	OF DISPOSITION		SILVER S	PRING, LOCATION — CI		
21. SIGNATURE OF UNERAL SERVICE A 23. PART I. Enter the diseases, or	Sen	FLAGLER ME	FRANCI 500 UN	S J. COI	CLITY LLINS FUNE BLVD.,W.	SIL.S	ME, IN	.20901
	a. Preum	eech line.		or bi dynig, soc	The contract of the	principly are		Approximate Interval Betwood Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	S A CONSEQUENCE OF						Ż
PART II. Other algnificent condition	d	but/not resulting-li	- the underlying	cause given in	Part I. 24a. WAS	AN AUTOPSY		AUTOPSY FIND
Orlewige	Corater 1	Heart	Dise	ne		ORMED?	OF D	ABLE PRIOR TO PLETION OF CAU EATH? YES 2.45 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-100-1-21-21	OTHER:	ACE OF DEATH (C				
1 YES 2 NO	1 Inpatient 2 ER/O	Y 28b. TIME	OF 28c, INJ	URY AT	8 Other (Specify) 28d. DESCRIBE HOT	V INJURY OCCL	IRED	+
1 🔀 Natural 5 🗌 Pending 2 🔝 Accident Investigation			M 1 1	RK7 YES 2 NO				
3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, s pecify)	treet, factory, offic		28f. LOCATION (Stre City or Town, Str		r Rural Route N	lumber,
enel	SICIAN: To the best of my kn							manner ee state
296. SIGNATURE AND TITLE OF CERTIFI	EB .			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Mont	h, Day, Year)
Haulf W.	June 1	4.0		002	-112	P 6	5/25	191
9801 G GORGIA	AUF SILL	- 1	Print)	MD. :	20902	and a		
31. DATE FILED (Month, Day, Year) JUN 2 7 '91	32. REGISTRAR'S SH	GNATURE - RANGASE						

BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremated, or removal,	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MA	RYLAND / DEPARTME			MENTAL	HYGIENE
	CERTIFICAT	TE OF DEA	ГН		REG. NO.

REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE O	F DEATH DAY	YEAR	3. TIME OF DEATH
Edward	Carlton	1	Jone	es	0.7		91	10:35 F
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. BIRTHE	LACE (State or Foreign
216-08-3271	M2 F 2	24 YRS.	MONTHS DAYS	HOURS MIN.		2, 1967	Country, Was	sh. DC
9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION OF E			NTY OF DE	
26 6 7								~ * .
36 S. Paca Street	-Apartment	404	Balti	nore		IBalt	imor	e City
10a. STATE 10b. COUNT			TOWN OR LOCA	TION			T	10d. INSIDE CITY
Maryland Mont	gomery	Bro	okevil	le				LIMITS?
10e, STREET AND NUMBER	.8			f. ZIP CODE		10a CITI		HAT COUNTRY?
1112 Hawlings Roa	b			2083	3		ISA	
11. MAHITAL STATUS	12. WAS DECEDENT EVE	D 1911 10 10915D	1 40 1100 000					
1 Never Married 2 Married	FORCES? 1 YE	ES 2 NO	If yes, sp	ecity Cuban, Mexic	an, Puarto Ri	(Specify Yea or No	Black,	- American Indian, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES "	1 TYES	2 XNO Spec	My:		Specify	White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	IOUAL COOLIDATI	011	405	VIIID OF BUILDINGS INV	211027794	MILLE
(Specify only highest grade	completed)	(Give kind of wo	ork done during me	ost of working	100.	KIND OF BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	(1-4 or 5+)	ING. DO NOT USE	roured.)					
12	Year	Stude	ent					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Mi	iddle, Maiden Surname)		
Carl R. Jones				Norm	a Man	cilla		Will III
19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO	ADDRESS (Street	and Number or Rura	Route Numbe	or, City or Town, State, Zip	Code)	
Carl R. Jones		1112 1	Hawling	s Road.	Brook	eville, MI	20	833
20s. METHOD OF DISPOSITION		20b. PLACE AND DATE			DATE			
(C) Buriel 2 Cremation 3 Rem		of cemetary, crematory of Gate of He	or other place)		1			
21. SIGNATURE OF PUNERAL SERVICE LA	Ause A	Gate of He		ND ADDRESS OF F		Silver	Spri	ng. MD.
////	7// //	/ .	Hines	s/Rinald	i Fune	eral Home,	Inc	
· XININO IY	MADRE					re Ave,Sil		
resulting in deeth)	DUE TO (OR A	AS A CONSEQUENCE OF):				36	
Sequentially list conditions, if any, leading to immediate	b DUE TO (OR A	AS A CONSEQUENCE OF):					
cause. Enter UNDERLYING								
CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF):					
resulting in dasth) LAST								
	d.							
PART ii. Other significant condition	ns contributing to deat	h but not reaulting is	n tha underlyin	ig cause given i	n Part i.	24a. WAS AN AUTOPSY PERFORMED®	24b.	WERE AUTOPSY FINDIN
						1 TYES NO		COMPLETION OF CAUS OF DEATH?
								1 TYES 2 NO
								. C IES Z C RO
25. WAS CASE REFERRED TO MEDICAL				LAGE OF BEATTE	Dhash and			
EXAMINER?	HOSPITAL;		OTHER:	LACE OF DEATH (C	HIBCK ONLY ONE	,		
1 DKYES 2 NO	1 inpatient 2 ER/C		4 🗆 Nursing Ho	me 5 🔀 Rasidence				
27. MANNER OF DEATH	(Month, Day, Yea	RY 28b. TIME	URY 28c. IN	JURY AT ORK?		CRIBE HOW INJURY OF		0.7
1 Natural 5 Pending 2 Accident Investigation	07 03	1991 Four	Id M 10	YES 2 XNO	Subj	ect hange	d sel	Lf
Quicide 6 Could not be	28e. PLACE OF INJU- building, etc. (5	URY - At home, farm, s	treet, factory, offi	ce	26f. LOCA	TION (Street and Number Town, State)	or or Rural R	oute Number 91-711
4 Homicide determined	ounang, etc. (c	Hom.	E		13%	S. ARCI	4 5	/ who
29a. CERTIFIER	1010M T. W	-						1-41
(Check only	BICIAN: To the best of my ki							Control of the Contro
25 MEDICAL EXAMIN	ER: On the basis of examin	ation and/or investigation	n, in my opinion,	death occured at ti	ne time, data	and place, and due to t	the cause(a) and manner as stated
296. SIGNATURE AND TIDES OF CORPUTE	1) 1			29c. LICENSE N	UMBER	29d. DA	TE SIGNED	(Month, Day, Year)
-h &C/	Tell	no		O.C.M	F	▶ 0	7 04	1991
JOHAME AND ADORES OF PERSON W	TO COMPLETING CAUSE OF	DEATH (ITEM 27) (Tons	Print)	U.U.M	e E e	1 0	/ 02	1771
1000	11							
my ju		111	Penn S	treet,	Baltin	nore Maryl	and 2	21201
TI. DATE FILED Month Code for	32. REGISTRAR'S S	GRATURE RANGE						
JUL 1 91	June	A CONTRACTOR OF THE PARTY OF TH	im .					

		REGISTRAR		CERTIFIC	ATE OF DEATH	REG.					
	1	1. DECEDENT'S NAME (First, Middle, Last)	A. I	Kline		July 4		3. TIME OF OEATH			
P		4. SOCIAL SECURITY NUMBER 215-36-6261	1 X M 2 □ F 59	YRS.	F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	Month, Day, 366	7931 F	BIRTHPLACE (State or Foreign Country) CNNS YLVANÍA			
, 2, 3 should	TOR	94. FACILITY NAME (If not Institution, give Washington Counting TRESIDENCE OF DECEDENT			b. city, town on Location of o Hagers town	DEATH	Washi	ngton			
permit, Pages 1,	DIRECTOR	Maryland Wash		10d, INSIO LIMITI 1 YES							
- Tis	FUNERAL	2343 High St.			21742		10g. CITIZEN	OF WHAT COUNTRY?			
21215-0020 I or attending physician. For use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER II FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	13. WAS OECENOENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	an, Puerto Rican, etc	/ Yes or No— 14.	RACE — American Indian, Black, White, etc. Specify: White			
10	COMPLETED	15. DECEOENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		16a. OECEOENT'S US (Give kind of wor the Do NOT use i Super	k done during most of working retired.)		BUSINESS/INOUS	FRY			
If by the hospits of be detached of at once.	BE COM	17. FATHER'S NAME (First, Middle, Last) Earl E. Kline				AME (First, Middle, Me C. Shipp	iden Sumame)				
MAR S Shoots	TO B	19a. INFORMANT'S NAME (Type/Print) Doris J. Kline			odness (Street and Number or Rural		7 Town, State, Zip Co 21742	de)			
OPP.		20a. METHOD OF OISPOSITION 1 Description 2 Cremation 3 Record Control	moval from State	cemetary, crematory of	of OISPOSITION (Name pther place) h of the Rroth	OATE 200	c. LOCATION — City	or Town, State			
BALTIMOR after death. Page 6 m by the funeral director, noval.	•	1 Charlet 2 Cremation 3 Removal from State of Compilary, crematory or pitter place) 4 Opposition Other (Specify) Velty Church of the Brethren 7-10-91 Greensburg, MD 21. SEMATURE OF PUNETAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home									
BAI after dea by the fur emoval.		23. PART I. Enter the diseases, or	complications that cause	od the death. Do no	Rt. 3 Box 78	Smithshi					
: 68760, esecuted within 24 hours after and completely filled in by the oburial, cremation, or remove matte event, the medical		iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. OUE TO (OR AS		Inches	E Though		interval Betwee Onset and Dea			
DX 68 be executed and clan and lor to bur raumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS	A CONSEQUENCE OF):							
ORDS, P.O. Be that the death certificate hed by the attending physith and Mental Hygiene printly, or other the	A A	PART II. Other algnificant condition	one contributing to death	but not resulting in	the underlying cause given in	PE	AS AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
F VITAL RECORD SICIAN: The law requires that the certificate has been signed by the brace State Dect. of Health and N. J. or Itlem 23 shows any Init.	I: MEC					_		1 🗍 YES 2 🗍 NO			
VITAL IAN: The law tificate has ne State Dep or Nem 23	SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF OEATH (COTHER:		d				
〇 美精	PHY	27. MANNER OF CEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)		OF 28c. INJURY AT		OW INJURY OCCUP	RED			
ISIC TTENDI TTENDI Affer d affer d	8	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide datermined	28a PLACE OF INJUR	IY — At home, farm, str		28f. LOCATION (S City or Town,		Rural Route Number,			
DIV PITAL OR A ERAL DIREC in 72 hours IT: If item	COMPLET	CONTROL OF MY			at the time, data and place, and do						
TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho	BE	296. SIGNATURE AND TITLE OF CERTIFICATION AND THE CONTRACT OF CERTIFICATION AND THE CONTRACT OF CERTIFICATION AND THE CONTRACT OF CERTIFICATION AND THE CE	Phoen 1	29	29c. LICENSE N	UMBER 108874		RIGNED (Month, Day, Year)			
F F A S	2	30. NAME AND ADDRESS OF PERSON V			enly Ave. Hager	ustown, MD	21740				
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG			•					

Elen M. King

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	OR	D.W.	hou	iter
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The two requires that the death destribution of two controls after death. Page 6 may be re-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the amount of the following director, page 5:	be filed within 72 hours after death with the State Dept. of Health and Mertal Hydres progress, consequences.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other transfer even, the medical examiner must be no
	OSP	INE	thin	N.
	E H	E FL	W P	STA.
	F	王	file	100
	2	2	3	3

	1. DECEDENT'S NAME (First, Middle, Last)	0	,	V. 11		ТН	2. DATE OF OE	DAY	YEAR	3. TIME OF OEATH
	VIRGINIA	PEYTON		FIRK	and I wanted		JUNE	141	91	8:20
	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday		AR IF UNDER	MIN.	7. DATE OF BIR (Month, Day,)	bar)	Country)	
	090-14-9731	1 □ M 2 ဩ F	87 YRS.				11-04-1			NY
	9a. FACILITY NAME (If not institution, give st		-1 1	9b. CITY, TO	WN OR LOCATI	-			ITY OF OE	
DIRECTOR		10tial Ho:	spital	HAYR	E DE	GA	PACE	H	art	ORD.
	RESIDENCE OF DECEDENT 100, STATE 10b, COUNTY		10c, C	ITY, TOWN OR L	OCATION				-	10d. INSIDE CITY
	MD Ha	f d			2150					LIMITS?
- 1	10a. STREET AND NUMBER	arford		Havre	de G			100 CITIZ		AT COUNTRY?
LONELLAR	515 Giles Stree	4				1078		log. Citiz	USA	
	11, MARITAL STATUS	12. WAS DECEDENT EVE	TO IN IL C. ADMICO	40 400			NIC ORIGIN? (Spec	M. Mai a. Na I		
2	1 Never Merried 2 Merried	FORCES? 1 Y	ES 2 NO	If ye	s, specify Cube	on, Mexico	n, Puerlo Rican, e		Black,	 American Indian, White, atc.
	3 X Widowed 4 Divorced	IF YES, GIVE WAR OF	ROATES	10	YES 2 X NO	Specify	у:		Specify	White
	15, DECEDENT'S EDUC	CATION	16a. DECEDENT	'S USUAL OCCU	PATION		16b, KIND	OF BUSINESS/IND	USTRY	WIIICE
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind o	f work done during use retired.)	g most of worki	ing	100 1100			
	Elementary/Secondary (U-12)	Q	(Ret)	Person	nel Sr	loor	Fode	ral Gov	ornm	ont
	17, FATHER'S NAME (First, Middle, Last)		(Itel)	I CI SUI	- Y		ME (First, Middle, I		CIIIII	ent
	Thomas Peytor	Rrowne	C _m				ne Mitch			
1	190. INFORMANT'S NAME (Type/Print)	I browne,		G ADDRESS (S				or Town, State, Zip	Codel	
1	Mrs. Jane P. Kir	dron doll								91070
1	200. METHOD OF DISPOSITION	Kendan	20b. PLACE AND DA			, na		Grace,		21078
ı	1 KBurial 2 Cremation 3 Remo	oval from State	of cemetary, cremato	ory or other place)					
1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Angel Hi		ME AND ADDRE	SS OF FA	6/21	Havre (ae G	race, MD
	1 20	0 0						ral Home	. P.	Α.
	Mitchell-Smith Funeral Home, P.A. Havre de Grace, MD 21078-3197									
		DUE TO (OR A	43 A CONSEQUENCE	OF):				· · · · · ·		2 au
A	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	AS A CONSEQUENCE	OF):						2 acc
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	AS A CONSEQUENCE	OF):						2 400
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR A	AS A CONSEQUENCE	OF):			Det Laux			2 400
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	riying couse	given in		WAS AN AUTOPSY PERFORMED?		AVAILABLE PRIOR TO
יייייייייייייייייייייייייייייייייייייי	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	rlying ceuse	given in				AVAILABLE PRIOR TO
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	riying ceuse	given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR A	AS A CONSEQUENCE	OF):	riying couse	given in		PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	AS A CONSEQUENCE	OF): OF):	riying couse		_ 10	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL	b. DUE TO (OR A	AS A CONSEQUENCE	OF): OF): g in the unde	26. PLACE OF C	DEATH (C)	_ 10	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE The but not resultin Outpatient 3 □ DOA	OF): OF): G in the unde	26. PLACE OF C	DEATH (C)	1 □	YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending	DUE TO (OR A DUE TO (OR A d. ns contributing to dest HOSPITAL: 1 (Manpatient 2 ERA	AS A CONSEQUENCE The but not resultin Outpatient 3 □ DOA	OF): OF): g in the unde OTHER: 4 Nurshn invaling inv	26. PLACE OF 0	DEATH (Cr	1 □	PERFORMED? YES 2 NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NAO 27. MANNER OF DEATH	DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE AS A CONSEQUENCE th but not resultin Outpetient 3 □ DOA RY 26b. 7	OF): OF): OF): OTHER: 4 Nureing IME OF NJURY M	26. PLACE OF C Home 6 R C. INJURY AT WORK? VES 2	DEATH (Cr	1	YES 2 NO	CURED	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART ii. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be delermined	DUE TO (OR A c. DUE TO (OR A d	AS A CONSEQUENCE AS A CONSEQUENCE th but not resultin Outpatient 3 □ DOA RY 29b. 7	OF): OF): OF): OTHER: 4 Nursing IME OF NJURY M	Z8. PLACE OF C Home 6 R WORK? VES 2 office	DEATH (C/ tesidence	1 Direck only one) 6 Other (Special Describe 28d. Describe	YES 2 NO WHY) HOW INJURY OCC (Street and Number 1, State)	CURED or Rural Ro	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 290. CERTIFIER (Check only)	DUE TO (OR A C. DUE TO (OR A d	AS A CONSEQUENCE AS A CONSEQUENCE th but not resultin Outpatient 3 □ DOA RY 26b. 7 URY — At home, fam Specify)	OF): OF): OF): OTHER: 4 Nursing IME OF NJURY M In, street, fectory	26. PLACE OF C Home 6 R WORK? YES 2 office	DEATH (C/	1 Check only one) 6 Other (Special Control Con	YES 2 NO NY) HOW INJURY OCC (Street and Number 1, State)	OURED or Rural Ro	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO pute Number,
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	if sry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR A C. DUE TO (OR A d	AS A CONSEQUENCE AS A CONSEQUENCE The but not resultin Outpatient 3 DOA RY 26b. 7 URY — At home, farm Specify)	OF): OF): g in the unde OTHER: 4 Nursing IME OF NJURY M In, street, tectory	26. PLACE OF C Home 6 R c. INJURY AT WORK? YES 2 C office date and place	DEATH (C)	1 Deck only one) 6 Other (Special Describe 28d. OESCRIBE 28f. LOCATION City or Town to the cause(e) a time, date end pi	PERFORMED? YES 2 NO (Street and Number, , State)	CURED or Rural Ro	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

- -3

- Ph. ...

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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n, or removal.	dical e	-
burial, crematic	=	
Hygiene prior to	or other traum	
ealth and Mental	ns any injury, o	
Dept. of H	n 23 show	

ABYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

	TIEGIOTTITI		OL.	-11111	IOAIL		DEA		nec	1. NO.		
	1. OECEOENT'S NAME (First, Middle, Last)								2. DATE OF DEA	ATH DAY	YEA	3. TIME OF DEATH
	Leon C. Kalinows	ki							June	28	1991	11:10 PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRT		8. B	IRTHPLACE (State or Foreign ountry)
	205 28 4448	1 📉 M 2 🗌 F	54	YRS.	MONTHS	DAYS	HOURS	MIN.	6 26	193		ennsylvania
	9a. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY	ITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
00	3903 Yarmouth Lan	ne								ce Georges		
8	RESIDENCE OF DECEDENT			20,120						_		
m l	10a. STATE 10b. COUNTY	1		10c. CfT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
8	Maryland Prine	ce George	S	В	owie							YES 2 ND
4	10e. STREET AND NUMBER			-		10	. ZIP COO	E		10	g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL DIRECTOR	3903 Yarmouth La					207	15			Unit	ted States	
2	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13	WAS DEC			IC ORIGIN? (Spec	My Yee or I		RACE — American Indian.
리	1 Never Married 2 Merried	FORCES? 1	XXES 2 N			If yes, sp	ecity Cube	en, Mexicer	, Puarto Rican, a			Black, White, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W				1 U YES	24 XNO	Specify	No			Specify: White
	15. DECEDENT'S EDU	CATION	Yes 16a, 06	CEDENT'S	USUAL O	CCUPATI	ON		16h KIND (OF BUSINE	SS/INDUSTI	RY
	(Specify only highest grade	completed)	(Gi	ive kind of Do NOT u	work done se retired.)	during mo	st of world	ng	D.0			
7	Elementary/Secondary (0-12)	College (1-4 or 5+		alits	Ass	urai	nce				rnmer	nt
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Que	1110	7 1100	ala						
	Charles Michael	Volineral.					IS. MOT	nen s NAI	ME (First, Middle, I			Koszowski
BE												
0	19a. INFORMANT'S NAME (Type/Print)							loute Number, City				
	Regina E. Kalinow	ski		_					owie Ma			
	20a. METHOD OF DISPOSITION 1 5 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE other pla	ecel (ece								or Town, State
	4 Donation 8 Other (Specify)		Sacre	d He						Bowi	Le Mai	ryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	5)				SS OF FAC	uneral	IIama	. D A	
	▶ Kalimt &	7 177	no 1	1000							•	
	23. PART I. Enter the diseases, or		Single of									yland 20715
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARC	OR AS A CONSEC	A	OF):							Interval Between Onset and Daeth
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с		AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):								
	PART II. Other aignificent condition	ns contributing to	death but not r	resulting	In the u	nderlyin	g cause	given in	Part I. 24a. V	VAS AN AUT	TOPSY	24b. WERE AUTOPSY FINDINGS
MEDICAL										ERFORME		AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_ 10	YES 2	NO	OF DEATH?
									- 1			1 TES 2 ND
Z	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:			OTHE		LACE DF	DEATH (Che	ock only one)			
YS	1 YES 2 ND	1 Inpatient 2			4 🗆 Nu	rsing Hor		eeldence	8 Other (Speci			
BY PHYSICIAN:	27. MANNER OF DEATH 1 K Netural 8 Pending 2 Accident Investigation	28a. OATE OF (Month, D		28b. Til	ME OF JURY M	W	PURY AT ORK? YES 2 [□ NO	26d. DEŞCRIBE	ULMI WOH	IRY OCCURE	ED
	3 Suicide 8 Could not be 4 Homicide determined		F INJURY — At ho etc. (Specify)	ome, farm,	street, fec	tory, offi	ia .		28f. LOCATION (City or Town		Number or R	lural Route Number,
3	29e. CERTIFIER (Check only) 1 CERTIFYING PHYS	ICIAN: To the heat of	my knowledge 4-	anth con-	red at the	time de	and sta-	a pod du	to the accorder	nd mare	na atetad	
COMPLETED	anal											use(a) and menner as stated.
H	29b. SIGNATURE AND TITLE OF CENTIFIC	M) m	17	>		29c. LIC	32	567	29	DATE SIG	ango (Morth, Bey Year)
10	30. NAME AND ADDRESS OF PERSON WE	COMPLETED CAU	SS A	M 27) (7/2)	e provi	e	H	ny	6	me	Sril	1s, nd
	31 pyre reso (Mola). pay, year)	holosal mada	A-S ELEMATURE	0	14							

riours after death, Page 6 may be removed the hospital or attending physician. In the funeral director, page 5 are to be establed for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21203-3146 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZATIOUS after death. Page 6 may be remain TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 street filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be not DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

										nea. No.			
	1. DECEDENT NAME (First	MIKS?		CR -						2. DATE OF DEATH MONTH M		YEAR 3.	150 P M
	4. SOCIAL SECURITY NUM 157-12-5838		5. SEX	6. AGE (In yra. las	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-14-12		Country)	SYLVANIA
	9s. FACILITY NAME (If not is		A	70		9b. CITY	, TOWN C	R LOCAT	ON OF DE		9c COU	NTY OF DEAT	
DIRECTOR		LAUREI	HOSPITA	VL.		LAUREL, PR. GE							
EC	10e. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN	OR LOCAT	ION				10	d. INSIDE CITY
	MD.	PR. GI	EORGES		1	LANH	AM						LIMITS?
M	10e. STREET AND NUMBER						101	ZIP COD	E	11 16			T COUNTRY?
	9446 BURNA	A VISTA						2070	6		1	J.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Div		FORCES?	T EVER IN U.S. AF			If yes, sp	city Cubi		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.) ::	or No—	Slack, V	American Indian, /hite, etc. WHITE
ED		CEDENT'S EDU			CEDENT'S				na	16b. KIND OF BUS	SINESS/INI	DUSTRY	
	Elementary/Secondary (-	College (1-4 or 8	- Ma	Do NOT u	se retired.)	GOING INC	or work					
MP	12		4	С	LERI	CAL I	JORK					JFACTU	RER
BE-COMPLETED	17. FATHER'S NAME (First, A		V. C.					- 100		ME (First, Middle, Malden			
BE	VINCEN'		ZA	1			0.00			IA TOMKIEW			
2	CHARLES	STATE OF THE STATE OF	IGLER	19						Poute Number, City or Tow. E., LANHAM			6
	20s. METHOD OF DISPOSIT	DON 3 Berry	At from State	20b. PLACE								City or Town	
١	4 Donation # Dona	r (Specify)	1 -	MD.	STATE						LTENI	HAM, M	D.
	21. SIGNATURE OF PUREN	BEINICEAU	1/3	Man	_	(GASC	1'6		RAL HOME -	4739	BALTI	MORE AVE.,
CERTIFICATION	Sequentially list condition resulting in death) Sequentially list condition, list condition, leading to immerceuse. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	ring ury	DUE TO	OF AS A CONSE	COUENCE OF: STE BAYEN SYNONOME COUENCE OF:						coren	3den yns.	
MEDICAL	PART II. Other signific	ant condition	e contributing to	death but not	resulting	in the u	nderlyin	g cause	given in	Part I. 24a. WAS AN PERFOR	RMED?	Al Co	ERE AUTOPSY FINDINGS ANLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 DAMO
AN	25. WAS CASE REFERRED	MEDICAL					**	100 5	ndr ame a				
PHYSICIAN:	EXAMINER? 1 YES 2/500	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient :	B DOA	OTHE	R:			6 C Other (Specify)			
		Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TH	ME OF JURY M		URY AT PRK? YES 2	□ NO	28d. DESCRIBE HOW I	NJURY OC	CURED	
TED BY	2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At he etc. (Specify)	ome, ferm,	street, fac	ctory, offic	•		281. LOCATION (Street of City or Town, State)	and Numbe	r or Rural Rou	te Number,
COMPLETED	anal									to the cause(s) and mai			nd menner as stated.
TO BE C	29b. SIGNATURE AND TITL	£17	Imi	-	1				S224		29d. DAT	6/1	Day, Year)
-	30. NAME AND ADDRESS	R. M	7966	IN. n	27) (Type	e, Print)		CA	ure	a, me)	1	
	JUL 0 1 '91	(Year)		AR'S SIGNATURE N-Randall									
		0			70								DHMH-18 Rev 1/8

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CER							
1. DECEDENT'S NAME (First, Middle, Last)	77.2 7 -					2. DATE OF MONTH	DEATH DAY 25	91 ^{YE}	3. TIME OF DEATH 5:30 PM
Dorothy Alice	s. sex	6. AGE (In yrs. lest birt	hdad Eu	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E			SIRTHPLACE (State or Foreign
220-20-0813	1 □ M 250€		/RS. MONT	HS DAYS	HOURS MIN.	(Month, Da	y. Year) 25	T	West Virginia
9a. FACILITY NAME (If not institution, give s			96.		OR LOCATION OF D	EATH		9c. COUNTY	*
6104 Manor Roa	d			Clir	nton			Pri	nce George's
10e. STATE 10b. COUNTY	1	10	c. CITY, TO	WN OR LOCA	TION				10d. INSIDE CITY
Md. Pri	nce Georg	ge's	C1:	inton					1 TES 2 NO
10e. STREET AND NUMBER				10	H, ZIP CODE		,	10g. CITIZEN	OF WHAT COUNTRY?
6104 Manor Roa	d				20735			U	SA
11. MARITAL STATUS 1 Never Married Married 3 Wildowed 4 Olivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W			If yes, s	CENDENT OF HISPA pecify Cuben, Mexico 8 2 NO Specific	en, Puerto Rica		r No— 14.	RACE — American Indian, Black, White, etc. Specify: WHite
15. OECEDENT'S EDU	CATION	16a. DECED	ENT'S USU	L OCCUPATI	ION	16b. Kif	ID OF BUSIN	IESS/INDUST	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 d	(Give K	NOT use reti	one during m ed.)	ost of working				
12		I	Iomema	aker	beat 1		Own	Home	
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA				
John Wesley Kim	ble				Gertr	rude Ja	ne Mo	ngold	
19s. INFORMANT'S NAME (Type/Print)		19b. M.			and Number or Rural	Route Number, 6	Olty or Town,	State, Zip Coo	de)
Thomas F. Kimbl					10a-10f.				
20e, METHOD OF OISPOSITION 1\(\bigcap \) Burlel 2 \text{Cremetion 3} \text{Rem} 4 \text{Donation 8} \text{Other (Specify)}		of cemetary, cre	matory or of LTY M	emoria	N (Name 6-28- al Garder	ns Cem.	Wa	ldorf	
21. SIGNATURE OF PUNENAL SERVICE LIC	HINGER /	71			Old Alex				Home, Inc.
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications the List only one cau	ot caused the deeth use on each line.		Clin	ton, Md. 2	20735 ch as cardled	or reapira	itory arrest	, Approximate interval Between
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	a. One to pue to e	t caused the deeth use on each line. COR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	Ua NCE OF):	Clin	ton, Md. 2	20735 ch as cardled	or reapira	itory arrest	, Approximate interval Between
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Ove to b. Due to d.	COR AS A CONSEQUE	NCE OF:	Clininter the m	ton, Md. 2 ode of dying, aud helps	20735 ch as cardiece Class Class	der Jer	story arrest	Approximate interval Betwee Onset and Deat
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Ove to b. Due to d.	COR AS A CONSEQUE	NCE OF:	Clininter the m	ton, Md. 2 ode of dying, aud helps	20735 ch as cardiec CCC Pert I. 24	or reapira	UTOPSY HED?	Approximate interval Betwee Onset and Deat
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Ove to b. Due to d.	COR AS A CONSEQUE	NCE OF:	Clininter the m	ton, Md. 2 ode of dying, aud helps	20735 ch as cardiec CCC Pert I. 24	or reapira	UTOPSY HED?	Approximate interval Betwee Onset and Deal Onset an
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions	a. Ove to b. Due to d.	COR AS A CONSEQUE	NCE OF:	Clininter the m	lau (Lau (Lau (Lau (Lau (20735 ch as cardiec CCC 1 Part I. 24	or reapira	UTOPSY HED?	Approximate interval Betwee Onset and Deat Onset and Deat 24b. Were AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. Due to bue to de contributing to	(OR AS A CONSEQUE	NCE OF):	Clininter the m	ton, Md. 2 ode of dying, aud helps	20735 ch as cardiec CCC 1 Part I. 24	or reapira	UTOPSY HED?	Approximate interval Betwee Onset and Deat Onset and Deat 24b. Were AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Entar the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. Due to bue to d. Hospital:	(OR AS A CONSEQUED OF AS A CON	NCE OF): NCE OF): NCE OF): OTAL OTAL OTAL OTAL OTAL OTAL OTAL OTAL	Clininter the m	lay (Lay (Lay (Lay (Lay (Lay (Lay (Lay (Decided as cardiece of the second of the sec	a. WAS AN AN PERFORM	UTOPSY EED?	Approximate interval Betwee Onset and Deal 24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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detected for use as the burial-transit permit. Pages 1, 2, 3 should w hospital or attending physician. TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, many execute be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE THE PROPERTY. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm.

AND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

YEAR 91

9c COUNTY OF DEATH

PG

Wash. DC

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

8:26

AM

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

08-16-1917

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ony 6

10a, STATE

4. SOCIAL SECURITY NUMBER

577-01-0359

RESIDENCE OF DECEDENT

MARGARET

Se, FACILITY NAME (If not institution, give street and number

DOCTORS COMMUNITY HOSPITAL

10b. COUNTY

VIRGINIA

1 M 2 XF

5. SEX

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

LANHAM

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

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6. AGE (In yrs. lest birthday)

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DIVISION OF VITAL RECORDS, P.O. BOX 13146	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no

DIRECTOR 10d. INSIDE CITY
LIMITS?
XXYES 2 NO Maryland Prince George's Seabrook FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 9409 Underwood Street 20706 U.S.A. 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES Specify: BY 3 Widowed 4 Divorced No NO white COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (9-12) College (1-4 or 5+) 12th Housewife Own Home IT FATHER'S NAME (First Abottle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) Henry B. Cox Margaret A. Farr BE 19s. INFORMANT'S NAME (Type/Frint) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Klinker 9409 Underwood Street, Seabrook, Md. 20706 20a. METHOD OF DISPOSITION 10b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State S Crumation 3 D Ft. Lincoln Cemetery Brentwood, Md. 4 C Donetto OF FUNERAL PERVICE LIGHT FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALTIMORE AVE., HYATTSVILLE, MD. 20781 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate hock, or haart fallure. List only one cause on each line. Interval Batween **Onset and Death** IMMEDIATE CAUSE (Finel disease or condition 2 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ca CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in daeth) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 TYES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED 20b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be ED 4 Homicide COMPLET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIONED (Month, Day, Year) BE 6 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 81 au O lee JON 18 9 32. REGISTRAR'S SIGNATURE

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FUNERAL DIRECTOR: within 72 hours after

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HOSPITAL

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a Deviden-Randoll

DHMH-16 Rev 1/89

4	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
1 .	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

			-						-					
Ì	1. DECEDENT'S NAME (First, DOROTHY JEA	1 - 1 - 1	EY							2. DATE OF MONTH JUNE	DEATH DA		YEAR 991	3. TIME OF OEATH 12:03 A M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
	314-12-8090		1 🗆 M 2 💢 F	68	YRS.	MONTHS		HOURS	MIN.	Oct.	2700]	1922	Count	idiana
	9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
DIRECTOR	MALCOLM GRO		MEDICAL	CENTE	R	AND	REWS	AFB	MD			PRI	NCE_	GEORGES
E I	10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
	Maryland	Princ	e George	's	Fo	ort 1	Wash:	ingto	n					1 TES 2 NO
FUNERAL	10e. STREET AND NUMBER						10	, ZIP COD				10g. CIT		WHAT COUNTRY?
삘	3009 Lumar	Drive						2074				L	U.S.	
2	11. MARITAL STATUS 1 Never Married 2 X	Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S.		13.				NIC ORIGIN?		or No-	Blac	E — American Indian, k, White, etc.
B	3 Wildowed 4 Divo		IF YES, GIVE V	MAR OR OATES			1 TYES	2 [X NO	Specifi	y:			Spec	White
		EDENT'S EDU		16a,	DECEDENT'S	work done	during me	ON ost of worki	ng	16b. K	IND OF BUS	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	· ·	Homema)				N/A	4		
MO	17. FATHER'S NAME (First, M	liddle, Last)			110ineine	IICC I	-	16. MOT	HER'S NA	ME (First, Mic	<u> </u>			
BE C	Joseph B.	Cough1	.on					I	Marga	aret	Arno	Lđ		
	19a. INFORMANT'S NAME (Route Number				
٩	Thomas G. K	elley			3009) Lui	mar :	Dr. I	Fort	Washi				
	20a. METHOD OF DISPOSIT 1X Burial 2 Crematic 4 Donation 6 Other	n 3 🗆 Rem	oval from State	othe	CE OF DISPO					soleum				own, State Maryland
- 1	21. SIGNATURE OF FUNERA		DENSEE , A							las Fi		1 Ног	70	
	· Hear	es G	PKale	1										Maryland
	23. PART I. Enter the		complications the			not ante	er the mo	oda of dy	ing, suc	h se cerdia	c or reapi	ratory a	rest,	Approximets Interval Batween
	IMMEDIATE CAUSE (Fig		List Drily Dria Ca	use on each	IIITIO.									Onset and Death
	disease or condition resulting in death)	→	. RENAL	FAILUR	E									
				(OR AS A CON			TIT MO	AT A T337	DTC	EAGE				
No.	Sequentially list condit		b	C OBST			ULMU.	NAKY	DT2	EASE				
Ě	If any, leading to imme cause. Enter UNDERLY	ING		ULOSIS		. ,.								
Ĕ	CAUSE (Diseess or injute that initiated events		W	OR AS A CON)F):								
ERI	resulting in death) LAS	T .	d											
MEDICAL CERTIFICATION	PART II. Other significa	ent condition	s contributing to	death but n	ot resulting	In the t	underlyin	g cause	given in	Part i. 2	4a. WAS AN		24	b. WERE AUTOPSY FINDINGS
2											PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
E I														1 TYES 2 NO
ž													-	
PHYSICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ		LACE OF	DEATH (C/	heck only one)				
YSI	1 TYES 2X NO		1 N Inpatient 2		_	4 🗆 Ni	ursing Ho		lesidence	8 🗆 Other				
		Pending	28a. DATE O (Month,	Day, Year)	28b. TH	JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DEŞC	RIBE HOW I	NJURY O	CURED	
BY	2 Accident 3 Suicide	Investigation Could not be	28e. PLACE	OF INJURY — A	it home, farm,	street, fa	ctory, offi	ce		281, LOCAT	IDN (Street	and Numb	er or Rural	Route Number,
Ē	4 Homicide determined building, etc. (Specify)													
COMPLETED	(and any		ICIAN: To the best of											(s) and manner as stated.
8	29b. SIGNATURE AND TITL					,			ENSE NU					D (Month, Day, Year)
O BE	Doni	Chas	Bulto	wi	0							▶ .	HIME	10 1001
٩	30. NAME AND ADDRESS OF TONI C. LAR	UFFA,	CAPTAIN,	USAF,	(ITEM 27) (Typ	e, Print)	MALC	OLM (GROW	USAF	MEDIO	CAL (CENTI	ER
	31. DATE FILED (Month, Day)	Ybar)					ANDR	CWS_A	TER I	VD 203	31-5	suu .		
	JUN	20 '9	1 4	AR'S SIGNATUR	den-ga	ndell	•							
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF DE	ATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) ARLETTA	R	KOLARIK			2. DATE OF DE		99"1	7:15A M
4. SOCIAL SECURITY NUMBER 579 - 4 - 6 8	1 🗆 M 2)() F	7 YRS. MO	NTHS DAYS HOU	RS MIN.		1920	a. BIRTHP Country) Illir	NACE (State or Foreign
FORT WASHINGTO	The state of the s		FORT WAS				RINCE	GEORGES
10e. STATE 10b. COUNTY MD Anne A		10c. CITY, TO Riva	DWN OR LOCATION					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e STREET AND NUMBER 2715 Hambleton Ro	ad		101. ZIP 0 2114			10g. CIT		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2 NO	13. WAS DECENDED If yes, specify C	uban, Mexican	Puerto Rican,	etc.)	14. RACE - Black, Specify	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re U.S. Gove	done during most of w tired.)			of BUSINESS/IN		ess
17. FATHER'S NAME (First, Middle, Leet) Omer Russell Cha	mberlin		18, 1		IE (First, Middle,	Malden Surname)		
190. INFORMANT'S NAME (Type/Print) Raymond Kolarik			oness (Street and Num	mber or Rural Ro	oute Number, City	y or Town, State, Zi	p Code)	
20e METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Remo	oval from State	Fort Lincol	on (Name of cometer),	cremetory or		20c. LOCATION - Brentwo		
21. SIGNATURE OF FUNERAL SERVICE LIC	ensee Wilhal	Im	Robert E	. Wilh	elm Fu		ome,]	Inc.
23. PART I. Enter the diseases or o shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause or		anter the mode of	dying, such	as cardiac o	r respiratory a		Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other significent condition Macronodular C Anemia		h but not resulting in t	he underlying cau	se given in f		WAS AN AUTOPSY PERFORMED? YES 2 7 NO		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 □ YES 2 ☒NO
25. WAS CASE REFERRED TO MEDICAL		4_	26. PLACE (OF DEATH (Che	ck only one)			
EXAMINER? 1 VES NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER/C 28a. DATE OF INJUI (Month, Day, Yea	RY 28b. TIME O	Y WORK?	ा ।		city) E HOW INJURY O	CURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUDUIDING, etc. (S	URY — At home, farm, stre- Specify)	M 1 YES	2 NO	28f. LOCATION City or Tow	(Street and Numbern, State)	or Or Rural Ro	oute Number;
Tonour oray		nowledge, death occurred a ation end/or investigation, i						end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Hall		2	LICENSE NUM	1/2	> <	19-	
30. NAME AND ADDRESS OF PERSON WHE ROBERT M. NEDZE	BALA	FORT WASI	II701 LINGTON	LIVIN	NGSTON 20744	RD.,	#101	
31. DATE FILED JUN 2.6 91	32. REGISTRAN'S	AND AND AND AND AND AND AND AND AND AND						

TO BE COMPLETED BY FUNERAL DIRECTOR

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first edeath. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospita	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached feath with the State Deut, of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. OECEDENT'S NAME (First, Middle, Last		Ko	ICATE OF	,	2. DATE OF DEATH	MY C	3. TIME OF 6
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Morith, Day, Year)	7	BIRTHPLACE (State Country)
	9a. FACILITY NAME (If not institution, give	1 M 2 F	7.5 YRS.	9b. CITY, TOWN	OR LOCATION OF D	9-25-191		New York
TOR	Anne Arundel Me	dical Center		Annap	olis		Ann	e Arundel
L DIRECTOR	10e. STATE 10b. COUN	e Arundel	100	fton	ATION Of, ZIP CODE		Lan Olympia	10d. INSIDE LIMITS? 1 YES 2
FUNERAL	1900 Tupello Pl	ace			21114			ted State
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 TNO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy: NO	e or No 14	4. RACE — American Bleck, Whita, atc. Specify: Whit
ETED	15. DECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	work done during me retired.)	lost of working	16b. KIND OF BU	Color	stav lak Compa
COMPL	17. FATHER'S NAME (First, Middle, Lest)		ractor	y worke		AME (First, Middle, Maider	Surname)	
BE (Lloyd Snyder 190. INFORMANT'S NAME (Type/Print)		Top MAII DW	ADDRESS (Street		Noreen Sch		anda)
2	Gail K. DeLance	v				y Crofton		
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☒ Cremation 3 ☐ Re		20b. PLACE ANO OAT	E OF OISPOSITIO				ty or Town, State
	4 Donation 5 Other (Specify)		<u>Metropoli</u>		matory AND ADDRESS OF FA		Alexa	ndria Vi
	IMMEDIATE CAUSE (Fine)	r complications that cause. List only one cause on	each line.	160 not enter the m	ode of dylng, suc	olis RdB	owie M	laryland :
ATION	ahock, or heart fellure	e. Hele Re OUE TO (OR AS	each line.	160 not enter the m See G	00 Annapo	olis RdB	owie M	laryland 2
CERTIFICATION	immediate cause (Fine disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate	e. List only one ceuse on DUE TO (OR AS DUE TO (OR AS	each line. CA S A CONSEQUENCE C	160 not enter the m	00 Annapo	olis RdB	owie M	laryland 2
MEDICAL C	shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	e. List only one ceuse on DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS	B A CONSEQUENCE OF A CO	160 not enter the m Corp.: Lung OF):	00 Annape ode of dying, suc	olis Rd. B ch as cardiac or reag	OWIE M Diretory arrea	aryland it, Approinterv Onset (2 24b. WERE AUTOF ANALLABLE P COMPLETION OF DEATH?
MEDICAL C	ahock, or heart felluri immediate cause condition immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	e. List only one ceuse on DUE TO (OR AS DUE TO (OR AS OUE TO (OR AS OUE TO (OR AS	B A CONSEQUENCE OF A CO	160 not enter the m (s) (s) (r): (in the underlying) 26.	00 Annape ode of dying, suc	olis Rd. B th as cardiac or reag Pert I. 24a. WASA PERFC 1 YES	OWIE M Diretory arrea	aryland it, Approintery Onset 2 24b. WERE AUTOR ANALABLE P COMPLETION
MEDICAL C	ahock, or heart fellund immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions are all the cause. The cause of th	e. List only one ceuse on e. DUE TO (OR AS DUE TO (OR AS C. OUE TO (OR AS d. One contributing to deeth	each line. CA S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C S Dut not resulting	160 not enter the m (4) (5) (7): (a) (7): (b) (7): (b) (7): (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	OO Annape lode of dying, such	olis Rd. B th as cardiac or reag Pert I. 24a. WASA PERFC 1 YES	N AUTOPSY PRMED?	24b. WERE AUTOR MAILABLE P COMPLETION OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL C	ahock, or heart fellum immediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent conditions in the condition of the condit	e. List only one ceuse on e. DUE TO (OR AS b. DUE TO (OR AS c. OUE TO (OR AS d. One contributing to deeth HOSPITAL: 1 Napatient 2 = ER/O 25e. DATE OF INJUR 1. Day, Year	S A CONSEQUENCE OF A CO	160 not enter the m (4) (5) (7): (a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	OO Annape ode of dying, such ode	olis Rd. B ch as cardiac or reag part i. 24a. WAS A PERFC. 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	N AUTOPSY PRIMED?	aryland it, Approinterv Onsei 24b. Were Autor AMALABLE PO OF DEATH? 1 YES 2
ED BY PHYSICIAN: MEDICAL C	ahock, or heart felluri iMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificent conditions of the conditions	e. List only one ceuse on e. DUE TO (OR AS b. DUE TO (OR AS c. OUE TO (OR AS d. One contributing to deeth HOSPITAL: 1 Napatient 2 = ER/O 25e. DATE OF INJUR 1. Day, Year	S A CONSEQUENCE COS A CONSEQUE	160 not enter the m (4) (5) (7): (a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (f) (f) (f) (f) (f	OO Annape ode of dying, such ode	olis Rd. B ch as cardiac or reag part i. 24a. WAS A PERFO 1 YES heck only one) 6 Other (Specify)	N AUTOPSY RMED? 2 NO INJURY OCCU	aryland it, Approinterv Onsei 24b. Were Autor AMALABLE PO OF DEATH? 1 YES 2
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ED BY PHYSICIAN: MEDICAL C	ahock, or heart fellum immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other aignificent conditions and in the cause of the	e. List only one ceuse on e. DUE TO (OR AS DUE TO (OR AS C. OUE TO (OR AS d. ONE TO (OR AS HOSPITAL: 1 Napertlent 2 ER/O 28e. DATE OF INJUR (Month, Dey, Year Dee Date of Injur 28e. PLACE OF INJUR Des Date of Injur 1 See. PLACE OF INJUR 1 On the basic of examina	s A CONSEQUENCE C A CONSEQUENCE C B A CONSEQUENCE C B A CONSEQUENCE C B Dut not resulting The consequence C B A CONSEQUENCE C B A CONSEQUEN	160 not enter the m (4) (5) (7): (a) (b) (c) (c) (d) (d) (d) (e) (e) (f) (e) (f) (f) (f) (f	OO Annape ode of dying, such ode	olis Rd. B ch as cardiac or reag property of the control of the co	N AUTOPSY RMED? 2 NO INJURY OCCU 1 and Number of the count of the c	Approinterv Onset 24b. WERE AUTOF MAILABLE PO COMPLETION OF DEATH? 1 YES 2

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit per ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

1	FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. OECEDENT'S NAME (First, Miristo, Last) 4. SOCIAL SECURITY NUMBER 208-20-0782 96. FACILITY NAME (If not institution, give s	RUTH 5. SEX		VEN			2. DATE OF DEATH			3. TIME OF OEATH			
208-20-0782 96. FACILITY NAME (If not institution, give s	5. SEX		PEN			MONTH	DAY	VEAR				
208-20-0782 96. FACILITY NAME (If not institution, give s				NEDY		May 17	, 19	991	10:00 P			
	1 M 2 X F	8. AGE (In yrs. last b	YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr 26,	1902	Country	PLACE (State or Foreign			
Southern Maryland Hospital Clinton Prince G RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION												
	Y		10c CIT	Y TOWN OR LOC	ATION				10d. INSIDE CITY			
	e George					LIMITS?						
10e. STREET AND NUMBER	e beorge	e's Suitland					10a, Cl	TIZEN OF W	THAT COUNTRY?			
2524 Whitehall St	reet #51								States			
11. MARITAL STATUS 1 Never Married 2 Merried **XX Widowed 4 Divorced	FORCES?	HT EVER IN U.S. ARME I YES 2 NO MAR OR DATES		If yes,		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) y:		14. RACE	— American Indian, While, stc.			
15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5					16b. KIND OF B						
Unknown		Homemaker				Own Home						
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Unknown												
19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code)												
Clarence E. Kennedy (son) Same as #10 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State												
20s. METHOD OF OISPOSITION 1 Denial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from Stats	of cemetary, ci	rematory	or other place)	·							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P.A. 933 Gist Ave, Silver Spring, MD 20910												
23. PASS 1. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Oue TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. O Y 9 9 1												
1 VES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	1 Inpatient 2	ER/Outpatient 3 FINJURY Day, Year)	28b. TIN	E OF 28c. I	ome 8 Residence NJURY AT WORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW	Y INJURY O	CCURED	-			
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — Al hom- l, etc. (Specify)	io, farm,			28f. LOCATION (Stree City or Town, Sta		er or Rural I	Route Number,			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS						e to the cause(s) and n s time, data and place,			s) and manner as stated.			
29b. SIGNATURE AND TITLE OF CERTIFIE	900	e			DD DL	10 2 0	29d. D	S /	(Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON WI	DUL /	USE OF DEATH (ITEM	27) (Type 371	o RIVI	erast	#20	Te	mpe	e fulls			

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).					
1. DECEDENT'S NAME (First, Middle, Last)	/ 1/1				2. DATE OF DEATH MONTH	MY 45 Y	S. TIME OF DEATH				
4 SOCIAL SECURITY NUMBER		m			6-2						
213-78-9481	1 M 2 D F G	4 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country) KOLEC					
9a. FACILITY NAME (If not institution, give 12630 Very mil				ville)		Mon	of DEATH tgomery				
10a. STATE 10b. COUNT			OWN OR LOCATIO	ON			10d. INSIDE CITY LIMITS?				
	tgomery	Roc	kville				1 YES 2 NO				
12630 Veirs Mill	Road, Apt. 3	01	101.	20853		170 0 000	anent Resident				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, spec	NDENT OF HISPAN	IIC ORIGIN? (Specify Yon, Puerto Rican, etc.)	s or No— 14	RACE — American Indian, Black, White, etc. Specify: Oriental				
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most		16b. KIND OF BI		TRY				
17. FATHER'S NAME (First, Middle, Last)	12	Farmer Sel					f Employed				
Sun Kyu Kim				Kun Sh							
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street an		Route Number, City or To	wn, State, Zip Co	ide)				
Dr. Kyung Sik K:	im	206 Sh	aw Ave	, Silve	r Spring,	Mary1a	and 20904				
20a. METHOD OF DISPOSITION 1√2/Burlal 2 □ Commation 3 □ Heat	movel frogt tites	o. PLACE OF DISPOSITIO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		DCATION — City	y or Town, Stata				
1 Burial 2 Commetion 3 4 Donation 5 Other (Specify)		George Was				delphi.	Maryland				
21. SIGNATURE OF LATENCE DESCRIPTION OF THE PROPERTY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave, Silver Spring, M 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate											
IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. Som' Coma DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF):					interval Between Onset and Deeth 10 days 3 days 2 days				
resulting in death) LAST d. Heart failure											
PART II. Other algorificant condition	na contributing to death b	out not resulting in t	he underlying	cause given in		N AUTOPSY PRIMED? 2 PRO	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)						
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outs		THER: Nursing Nome	5 Healdenca	8 Other (Specify)						
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	/ WOF	IRY AT RK?	28d. DESCRIBE HOW	INJURY OCCU	RED				
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28a PLACE OF INJURY	f — At home, ferm, stree			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
const. stay	SICIAN: To the best of my know										
29b. SIGNATURE AND TITLE OF CERTIF	ER C	1.0		29c. LICENSE NUI	MBER	29d. DATE S	BIGNED (Month, Day, Year)				
30. NAME AND ADDRESS OF PERSON W	VNO COMPLETED CAUSE OF DE			0210	18		0/29/9/				
206 Kyung Sik	Kim mD,	206 Sha	w Are	Schoen,	spring	md.	20904				
31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIGN	NATURE ROOMS AND AND AND AND AND AND AND AND AND AND			3						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH

				9	1	- 1	96	02
D N	/ENTAI	L HYGIENI	E				,	
		REG. NO.						
	MONTI	OF DEATH DA		YEAR			F DEATH	
	JUI		199	_	_		40 A	_
15. N.	(Month	OF BIRTH		Cour	ntry)	- 1	te or Fore	ign
	_	. 16,	1917			GIN	IA	
F DE	ATH		9c. COU	INTY OF	DEATH	1		
_			ANI	E A	RU	DE	Ĺ .	
					10d	. INSIC	DE CITY	\neg
							2 🗌 N	10
			10g. CIT	IZEN OF	WHAT	COUN	TRY?	
+				U.S	A.			
SPAN	IC ORIGIN	1? (Specify Yea Rican, etc.)	or No-	14. RA	ÇE — /	Americ	en Indien c.	1,
pecify		mean, erc.)			ecify:			1
_	100					WH	ITE	$ \longrightarrow $
	16b	, KIND OF BUS	INESS/IN	DUSTRY				
		CON	STRU	COT C	י ענ	20		
AM S	MF (First	Middle, Maiden		VII.	111 (,,,		
	ESTA	J.		GELI				
		ber, City or Town			,			
		BRILLS			05	L		ļ
or	CI II I		CATION -					
7	/8/9:		ENTW					
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auc	n aa can	diac or reapi	retory as	rest,		Inta	roxims rval Ba	tween
						Ons	set and	Death
-	~							
n In	Part I.	24a. WAS AN PERFOI		2	AM	NLABLI	TOPSY FINE PRIOR T	0
		1 TYES 2	DENO			DEATH	ION OF CA	NUSE
					1 [YES	2 🗆 N	0
				\perp				
H (Ch	eck only o	ne)						
nce	_	er (Specify)						
	28d. DE	SCRIBE HOW	NJURY O	CCURED				
0	807.16	DATION OF			-1.0	- 11 - 1		
	C/ty	CATION (Street or Town, State)	ena Numb)	er or Hun	er Mout	e reumi	rer,	
_		_						
d due	to the ca	use(a) end ma	nner ea st	ated.		ud mar-		ata d

DIVISION	OF VITAL	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	P.O.	BOX	13146,	•	BALTIMORE, MARYLAND 21203-3146	MARYLAND	21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 moves after death. Page 6 may be retained by the hospital or attending physicia	PHYSICIAN: The 1	aw requires that the d	eath certif	icate be e	xecuted within 2	mours aft	ter death. Page 6 may be	retained by the hos	oital or attending physicia
TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Deut, of Health and Mental Hydiene prior to burial, cremation, or removal.	this certificate ha	s been signed by the ept. of Health and Mer	attending a	physician ve prior to	and completely in burial, crematic	illed in by n, or remo	the funeral director, page wal.	5 should be detache	d for use as the burial-t
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	rked, or Item 2	23 shows any Injur	y, or oth	er traum	ratic event, th	e medica	al examiner must be	notified at once.	

	WILFORD	A.	KRAI	GE JR.				JULY	199 4 199	YEAR	11:40 A M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Ye)	1		PLACE (State or Foreign	
	579-03-2431	1 M 2 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	AUG. 16	, 1917		RGINIA	
~	9e. FACILITY NAME (if not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATION OF DE	ATH	9c. COU	NTY OF D	EATH	
DIRECTOR	2202 HUNTSFII	ELD CT.			G,A	MBRI	ILS		AND	E AR	UNDEL	
E	10e. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN C	OR LOCAT	ION				10d. INSIDE CITY LIMITS?	
		ARUNDEL			GAM	BRIL					1 X YES 2 NO	
FUNERAL	10e. STREET AND NUMBER	D CM				10f	ZIP CODE		10g. CIT		HAT COUNTRY?	
NE	2202 HUNTFIEL 11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S	ARMED	113	WAS DEC	21054 ENDENT OF HISPAN	IIC ORIGIN? (Specif	V Yes or No-	U.S.		
	1 Never Married 2 Married		YES 2			If yes, sp	2 NO Specify	n, Puerto Rican, etc		Black Speci	— American Indian, t, White, etc.	
ВУ	3 Widowed 4 Divorced	KIWW					- M				WHITE	
밀	15. DECEDENT'S EDU (Specify only highest grade		16a.	(Give kind of	work done	during mo	ON st of working	16b, KIND O	F BUSINESS/IN	DUSTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Me. Do NOT use retired.) SUPERINTENDENT			ENT	C	ONSTRU	CTION	I CO.	
ĕ	17. FATHER'S NAME (First, Middle, Last)								CONSTRUCTION CO. ME (First, Middle, Meiden Surneme)			
BE C	WILFORD A.	KRAIGE	SR.				VI	esta j	. AN	GELL		
10 B	19a. INFORMANT'S NAME (Type/Print)					3.1191	nd Number or Rural I				100	
-		ARER		2202			ELD CT.,	GAMBRIL				
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Ren 4 Donetton 5 Other (Specify)	20b. PLA othe	r place)	SITION (N	eme of cer	netery, crematory or	101	C. LOCATION —				
		4	LINCOLN CEMETERY 7/8/91 BRENTWOOD 22. NAME AND ADDRESS OF FACILITY						وطان	ruo.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY W. W. CHAMBERS CO., RIVERDALE, MD. 201											
	23. PART I. Enter the diseases, or	complications the			_						Approximate	
	shock, or heert fellure.	List only one cer	use on each I	Ine.	2 01	LDCT	AMORE				Interval Batween Onset and Death	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)											
		DUE TO	FOR AS A COS	SEQUENCE O	P):							
NO	Sequentially list conditions,	h. DUE TO	OR AS A COR	SEQUENCE O	ifi:						1	
XAT.	If any, leading to immediate cause. Enter UNDERLYING	(RETEX	MINIST WITH		HFF							
CERTIFICATION	CAUSE (Disesse or Injury that initiated events	DUE TO	(OR AS A CON	SEQUENCE C	F):							
Ë	resulting in death) LAST	4									-	
	PART II. Other significent condition			ot resulting	In the u	nderlyln	g ceuse given in		AS AN AUTOPSY	24b	WERE AUTOPSY FINDINGS	
MEDICAL	MALNUTRIT		_					PERFORMED?			COMPLETION OF CAUSE OF DEATH?	
ME	MALNOIRII	77074						OF DEATH?				
AN:	25. WAS CASE REFERRED TO MEDICAL					00 0	AGE OF BEATU 604					
SICI	EXAMINER? 1 YES 2 NO	HOSPITAL:	FR/Outpaties	# 3 □ DOA	OTHE	A:	LACE OF DEATH (Ch		wh.			
PHYSICIAN	27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TII	WE OF	28c. IN.	JURY AT	28d. DESCRIBE	·	CCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		Day, Year)		JURY M		YES 2 NO					
ED B	3 Suicide 8 Could not be	28e. PLACE building	OF INJURY — A , etc. (Specify)	t home, farm,	street, fac	ctory, offic	20	28f. LOCATION (S City or Town,		er or Rural	Route Number,	
ETE	4 Homicide determined					_						
COMPLET	29a. CERTIFIER (Check only one)											
S		70 0	examination and	3/or investigati	lon, in my	opinion,					e) end manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFI	1/1/	lake		. /		29c. LICENSE NU		29d. OA	TE SIGNED	(Month Dey, Year)	
9	30. NAME AND ADDRESS OF PERSON W	10 COMPLETED CAL	JSE OF DEATH	(ITEM 27) (Typ	e, Print)		1003	060		//	<i>> </i>	
	DR. ANTHONY C	ALABRESE	M.D.	171 1	DEFE	NSE 1	HWY., ANN	APOLIS,	MD. 21	401		
	31. DATE FILEO (Month, Day, Year)	932 REGISTR	AR'S SIGNATUR	ndell								
	JUL 8 1991 Suna Davidson-Mandale											

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Pare the law for the conflicate has been signed by the attending physician and completely filled in by the funeral disconnections after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (Firs	t, Middle, Last)	a A-	rema		Lu-	00	2. DATE OF DI	EATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM 564-36-488) JO			UNDER 1 YEAR		7. DATE OF BI (Month, Day, 3-10-	RTH 16ar) -33	8. BIRTH Count	PLACE (State or Foreign (Y) California
98. FACILITY NAME (II not 1 10918 Ramp	art Wa			9	Wheat	On	ATH		ntgom	
10e. STATE Maryland	10b. COUNT	gomery		10c. CITY, 1	own on Lo	CATION				10d. INSIDE CITY LIMITS? COX YES 2 NO
109. STREET AND NUMBER 10918 Ramp		у		101. ZIP CODE 20902						WHAT COUNTRY? States
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 XXDIv		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	X YES 2		If yes,	BECENDENT OF HISPAN specify Cuban, Mexica (ES 2X) NO Specify	n, Puerto Rican,		- 14. RACI Blac Spec	E — American Indian, k, White, atc. White
	CEDENT'S EDU ily highest grad 0-12))	18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of the. Do NOT use retired.) Economist			et of working U.S. (nt
								, Maiden Sumam	0)	
190. INFORMANT'S NAME Ralph Koz		(friend)				et and Number or Rural Way, Silv				d 20906
20a. METHOD OF DISPOSE 1 K Burial 2 Commatt 4 Donation 5 0 Other	on 3 🗆 Rer or (Specify)	1		y, crematory or an Gar	dens			Rockvi		own, State Maryland
21. SIGNATURE OF UNITA	MM -	TO A P	Li	9	Danz		dberg 1			pels, Inc. MD. 20852
IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERU CAUSE (Disease or in that initiated events resulting in death) LA	itions, edilete //ING	DUE TO DUE TO C.	(OR AS A CONSE	EQUENCE OF):	NO a	Plixe	Par	S-1 W (ng	Onset and Dast
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO 1 VES 2 NO 1 USES 2 NO										
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	EB/Outpetient		20 OTHER:	I. PLACE OF DEATH (CI				
27, MANNER OF DEATH	Pending Investigation	26a. DATE OF (Month, D	INJURY	28b. TIME (OF 28c.	INJURY AT WORK?		BE HOW INJURY	OCCURED	
Not contains	Could not be datermined	28e. PLACE O building,	F INJURY — At h etc. (Specify)	iome, ferm, str	eet, factory,	office	28f. LOCATION City or Tox	N (Street and Nur wn, State)	mber or Rural	Route Number,
CONSTRUCTION OF THE PROPERTY O						data and place, and due n, death occured at the				(a) and manner as stated.
29b. SIGNATURE AND TITE	ble	Va-	0-	m	>	29c LICENSE NU	MBER SSYL	29d.	DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS	2	Ta	when			8 6415	con :	SIN	Aur	rego nd
31. DATE FILED (Month, De	'91	320 REGISTRA	WY doon-A	indess.						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Conduct after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be mental be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bur 1. cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at west
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	1 - FOR STATE OF I	MARYLAND / DE CER	EPARTMEN TIFICAT				YGIENE REG. NO.						
)	1. DECEDENT'S NAME (First, Middle, Last) ANNA LUPI	rsky ²				2. DATE OF	DEATH DAY	9/	3. T	IME OF DEATH			
	4. SOCIAL SECURITY NUMBER 116-26-2288 5. SEX 1 M 21 F	6. AGE (In yrs. lest birt	YRS. MONTHS		IF UHDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 4-6-0	O Year)		Country)	E (State or Foreign NEW YORK			
TOR	9a. FACILITY NAME (If not institution, give atreet and number) HEBREW HOME OF GREATER WA	ASHINGTON		CKVII	LE	EATH	1	MONT	OF DEATH	Y			
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND MONTGOMERY		ROCKVI		ON					INSIDE CITY LIMITS? YES 2 NO			
FUNERAL	10a. STREET AND NUMBER 6121 MONTROSE ROAD				ZIP CODE 20852			Og. CITIZEN					
à l	1 Never Married 2 Married FORCES?	NT EVER IN U.S. ARMED 1 YES 2 XNO WAR OR DATES) 13.	If yes, spe	ENDENT OF HISPAR city Cuban, Maxica 2 XNO Specify	n. Puerto Ricar	pecify Yea or		RACE — A Black, Whi Specify:	merican Indian,			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give k	Give kind of work done during most of working fe. Do NOT use retired.)				ID OF BUSIN		ry				
BE COM	17. FATHER'S NAME (First, Middle, Last) SAMUEL SCHANZER	OWNE	IX.		16. MOTHER'S NA	ME (First, Midd							
10	19a. INFORMANT'S NAME (Type/Print) SHERWIN GARDNER (nephew) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 5504 GOLDSBORO RD., BETHESDA, MARYLAND 208												
	20e. METHOD OF DISPOSITION 130 Buriel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)	other place)	NTEFIO	RE CE				AWN,					
	21. SIGNATURE OF THERAL SERVICE LICENSEE	Am	_ 1	DANZA		LDBERG				LS, INC.			
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not effer the mode of dying, such as cerdisc or respiratory arreat, abock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):												
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to CURDNIC OBST	TRUCTIVE	VE PULMONARY DISTATE IT YES					S AN AUTOPSY FORMED? S 2 NO COMPLETION OF CAU OF DEATH? 1 YES 2 NO					
NA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:				ACE OF DEATH (Ch	eck only one)							
YSI	1 YES 2 NO 1 Inpettent 2	☐ ER/Outpatient 3 ☐	1.0	ursing Home	8 - Rasidenca								
ВУ РН	27. MANNER OF DEATH 28a. DATE O (Month, I 2 Accident Investigation	Day, Year)	8b. TIME OF INJURY M		JRY AT RK? 'ES 2 NO	28d. DESCRI	BE HOW INJ	URY OCCUR	ED				
	3 Suicide 8 Could not be detarmined 28a. PLACE building	OF INJURY — At home, p, etc. (Specify)	farm, street, fe	ictory, office		28f. LOCATIO	ON (Street and bwn, State)	set and Number or Rural Route Number, late)					
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beats of								ause(a) and	mannes all stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER				D365		1	DOL DATE STONED (Annat, Oak, Hull)					
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN		7) (Type, Print) NTRDS	SE	POAD	Pox	KVIL	LE	MD ?	2085/2			
	31. DATE FILED (Morith, Day, Year) 32. REGISTR	AR'S SIGNATURE	della		70								

	FOR	STATE OF N	MARYLAND / DEPA	RTMENT OF F	IFAITH AI	NN ME	NTAI HYGIEN	F 9	1 1	9000		
18	1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middl			FICATE OF		1	REG. NO.		1 2	TIME OF CEATH		
			LAMAY				MONTH D/	27,	1991	1620 m		
	VINCENT 4. SOCIAL SECURITY NUMBER	LAWRENCE 5. SEX	6. AGE (In yrs. last birthda)) IF UNDER 1 YEAR	IF UNDER 24	MDC 7	DATE OF BIRTH			ACE (State or Foreign		
	069-03-6461	1 ⅓ M 2 ☐ F	84 YRS.	MONTHS DAVE		MN.	(Month, Day, Year) 6/24/07		Country)	New York		
	9a. FACILITY NAME (If not institution	n, give street and number)		9b. CITY, TOWN	OR LOCATION	OF DEATH	1	9c. COUN	ITY OF DEA	тн		
OR	CALVERT ME	MORIAL HOS	PITAL	PRI	NCE F	RED	ERICK	CAL	VERT			
DIRECTOR	RESIDENCE OF DECEDE 10e. STATE 10b.	COUNTY	10c. C	ITY, TOWN OR LOCA	TION			10d, INSIDE CITY				
=	Maryland A	nne Arundel	F	Rose Have	n				1	LIMITS?		
	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZ	- 4	AT COUNTRY?		
B/	7049 Boston A	Venue			20714			T1	C A			
FUNERAL	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. MAMED			HISPANIC (ORIGIN? (Specify Yes		S.A.	- American Indian,		
BY FI	1 Never Married 2XX Marries 3 Widowed 4 Divorced	FORCES? 1	YES 2 NO WAR OR DATES			Maxican, P Specify:	verto Rican, etc.)	1114	Black, \ Specify:			
	15 DECEDEN	T'S EDUCATION	THE DECEDENT	'S USUAL OCCUPATI	DAI		16b, KIND OF BU	I I	HOTEN	White		
COMPLETED	(Specify only high	est grade completed)	(Give kind o	of work done during me use retired.)	est of working		166. KIND OF BU	SINE 33/INU	USTRY			
7	Elementary/Secondary (0-12)	College (1-4 or 5		House of	Repre	sent	atives		Cafet	eria		
M	12th 17. FATHER'S NAME (First, Middle,	(and)										
		Last)			18. MOTHER	T'S NAME	(First, Middle, Maiden	Sumame)				
8	John E. LaMay					ne						
2	19a. INFORMANT'S NAME (Type/Pr	int)		NG ADDRESS (Street								
_	Mary C. LaMay			Boston A		Ros				20714		
	20a, METHOD OF DISPOSITION 1 Disposition 3	☐ Removal from State	20b. PLACE AND DA of cemetary, cremate	TE OF DISPOSITION		1			City or Town			
	4 Donation 6 Other Spec	lfy)	Resurrect	ion Ceme			1/91 C1	inton	, Mar	yland		
	21. SIGNATURE OF JUNETIAL BEF	ALCE FICENSER	/ //		ND ADDRESS		Sons Fu	1	17	DA		
	1 YOM	- 14/5										
	23. PART I. Enter the disees	ee or complications the	t caused the death. Dr							MD 20781		
	shock, or heart	failure. List only one car	se on each line.	not untai thu in	ou or aying	, such o	- cordiac or resp	natory arr	out,	Interval Between		
	iMMEDIATE CAUSE (Final disease or condition	(1)	. 1			Onset and Death						
	resulting in dasth)											
	Labore AA	OIII	(OP) AS A CONSPOUENCE	04):	6 4	-	P.					
ERTIFICATION	Sequentially list conditions,	b. My	OR AS A CONSEQUENCE	11	V/W	C -	-ca	er		-		
Ē	if any, leading to immediate cause. Enter UNDERLYING	DOE TO	OH AS A CONSCOUENCE	OF):								
3	CAUSE (Disease or Injury	C	(OR AS A CONSEQUENCE	200-					-	<u> </u>		
Ē	that initiated events resulting in death) LAST	500 10	ON AS A CONSEQUENCE	OF):								
		d								<u> </u>		
CC	PART II. Other significant co	anditione contributing to	death but not recuiting	g in the underlyir	g ceuse giv	en in Par			24b. V	VERE AUTOPSY FINDINGS		
3							PERFO			WAILABLE PRIOR TO COMPLETION OF CAUSE		
0				-			1 TYES	I □ NO		OF DEATH?		
Ξ							-		1	YES 2 NO		
Z												
5	25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEA	TH (Check	only one)					
PHYSICIAN: MEDICAL	1 X YES 2 NO		☐ ER/Outpetient 3 🙀 DOA	4 - Nursing Ho	ne 6 🗆 Resid	dence 6 [Other (Specify)					
H	27. MANNER OF DEATH	28a. DATE OI (Month, L		INJURY W	JURY AT ORK?	20	8d. DESCRIBE HOW	INJURY OC	CURED			
BY	1 Natural 6 Pend 2 Accident Invest	Igation			YES 2 I	NO						
03		not be building	OF INJURY — At home, fart, etc. (Specify)	n, street, factory, offi	en .	20	Bf. LOCATION (Street City or Town, State		or Rural Ro	ute Number,		
E	4 Homicide deter	mined										
COMPLET	29a, CERTIFIER (Check only	IG PHYSICIAN: To the best o	f my knowledge, death occ	urred at the time, dat	and place, a	nd due to	the cause(a) and ma	nner as stat	ed.			
W	one)	EXAMINER: On the basis of a								and manner as stated.		
	29b. SIGNATURE AND TITLE OF	/			29c, LICENS			-	E-effONED (I			
8	(=) 11 a	· Ah	111		296, LICENS	SE NUMBE	-n	16	1	0101		
2	30 NAME AND ADDRESS OF PER	SON WHO COMPLETED CAL	ISE OF DEATH (ITEM 27) (7	me Prints				P	100	0///		

Prince Frederick,

R.Al-Banna,

M.D.

32. REGISTRAR'S SIGNATURE
Davidson-Randale

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Maryland

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	ir this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		acted or item 23 shows any injury or other traumatic event the medical examinar must be notified at once
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	this	th with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dea.
	No.	5	ě

LENORE

JUN 17 '91

KESZLER

Julia Daviden Pandall

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lee	e)		ERTIF					REG. N			3. TIME OF DEATH	
1 3	I, DECEDENT & NAME (First, MICOR), Est	_	John!	1	Eu	NS.			MONTH.	DAY 2 L	Q I		
	4. SOCIAL SECURITY NUMBER	5. SEX	SEX 6. AGE (In yrs. lest birtho				IF UNDER	R 24 HRS.	7. DATE OF BIRTH	~,		THPLACE (State or Fore	ign
	N/A	1 XM 2 - F	1 M 2 🗆 F		YRS. MONTHS DAYS		HOURS MIN.		(Month, Day, Year) 4 - 2 / -	91	Country)		
	90. FACILITY NAME (If not institution, giv	e street end number)			9b. CITY	, TOWN C	R LOCAT	ION OF DE			INTY OF	OEATH	
E E	Holy Cross				Silv	ver S	SPri	ng		MO	NT	GOMERY	,
5	RESIDENCE OF DECEDENT	. PM		I 40 - 07				-0				Land turner arms	
DIRECTOR				133	Y, TOWN		ION					10d. INSIDE CITY LIMITS?	
	Maryland Pri	nce George	3	Fore	estv	- 7	ZIP COD	ie .		I son co	TIZEN OF	XX YES 2 □ N	0
PA PA						100				log. Ci		S.A.	
FUNERAL	5042 Silver Hill		IT EVER IN U.Ş. AF	RMEO	1 13	WAS DEC		745	IIC ORIGIN? (Specify	fee or No.	-		_
BY FU	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2	No		If yes, sp	ectly Cub		n, Puerto Rican, atc.)			CE — American Indier ack, White, etc. ecity: BLACK	,
0	15. DECEDENT'S E	DUCATION	16a. DI	ECEDENT'S	USUAL O	CCUPATIO	ON		18b. KIND OF I	SUSINESS/IN	DUSTRY	,	
PLETED	(Specify only highest gri	College (1-4 or 5	No.	Sive kind of a. Do NOT u	work done se retired.) A	during mo	st of work	ing	N/A				
COMPL	17. FATHER'S NAME (First, Middle, Last)					_	16. MOT	HER'S NA	ME (First, Middle, Maid	en Surname)	_		
	John Mullen							Wond	da Lewis				
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street e	nd Numbe	or or Rural I	Route Number, City or 1	bwn, State, Z	ip Code)		
2	Wonda Lewis	Est		Sar	ne_as	s 10e	e						
100	20e. METHOD OF DISPOSITION 1 Burlel 2 Demention 3 R 4 Donetton 5 Other (Specify)	emovel from State	20b. PLACE of cemetary						5/6/91			Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	. Just	Yen	J)	F: 38	razio 39 RI	er's hode	Isla	eral Home and Avenu			Approxima	to
RTIFICATION	shock, or haert fellur iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if smy, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. EXTR. OUE TO b. DUE TO	use on eech lin	EOUENCE C	MAT 0F): 0F):				22 -23			Interval Be	tween
	Townsiang in dustri) Exor	_ d											
MEDICAL C	PART II. Other significant conditions and the significant conditions and the significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are sig	HORIOAN	INIONE	TIS	7	DOU	BLE	_	PERI	AN AUTOPSY CORMED? 2 NO	7 2	24b. WERE AUTOPSY FIN MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	TO AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	R:			eck only one)				
1XS	1 YES 2 NO	1,65 Inpatient 2	ER/Outpetient	3 DOA 28b, Til		_	JURY AT	Residence	6 Other (Specify) 28d, DESCRIBE HO	W IN HIRV O	CCUPED		
T T	1 Natural 5 Pending		Day, Year)		JURY	W	YES 2	- NO	280. DESCRIBE NO	W INJUNT O	CCORED		
TED BY	2 Accident Investigation 3 Sulcide 6 Could not determined	28e. PLACE building	OF INJURY — At h j, etc. (Specify)	ome, farm,	street, fac				281. LOCATION (Str. City or Town, St		er or Rur	ral Route Number,	
COMPLETED	one)	IYSICIAN: To the best of										se(e) end manner ee st	ated.
BE CO	29b. SIGNATURE AND TITLE OF GERTI							CENSE NU				IED (Month, Day, Year)	

PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print) O FOREST GLEN RP. SZLER M.D. BOLY CROSS HOSPITAL

MD

SILVER SPRING

1 - STATE REGISTRAR	SIAIE UF	C	ERTIF	ICAT	E OF	DEAT			REG.	NO				
1. DECEDENT'S NAME (First, Mide	dle, Last)			10					OF OEATI	Н			3. TIME OF D	EATH
Helen Jamar	LEAK							June		18			2:20	A M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	yrs. lest birthday) IF UNDER 1		1	IF UNDER		7. DATE OF BIRTH			8. BIRTHI		PLACE (State o	r Foreign
419 32 4822	1 □ M 2 XX	68	YRS.	MONTHS	DAYS	HOURS	MIN.	12	19 1	922		AL	ABAMA	
9a. FACILITY NAME (If not instituti	ion, give street and number)			9b. CIT	TY, TOWN O	A LOCATIO	ON OF OE				. COUNTY			
Doctors Commu	nity Hospite	al		1	.anhan	1				P	Hino	n G	earae	
RESIDENCE OF DECED	COUNTY		100 011		OR LOCAT						444	I	- 5	
		ato.	100.00			ION							LIMITS?	
MARYLAND PI	RINCE GEORGE	2.2		LANI		ZIP CODE	F			10-	- CITIZEN	OF W	THAT COUNTRY	
9019 VARNUM S	TREET					207						JSA	THAT GOOTTI	
11. MARITAL STATUS	CORCECA	NT EVER IN U.S. A	BMED	13	3. WAS DECI						No 14.	. RACE Black	- American I	ndlen,
1 Never Married 2 Married 3 Divorced		WAR OR OATES	,,,,		1 YES				ritemi, etc.	.)		Specif	y:	
	TIO EDUCATION	140.0						1 400					Black	
(Specify only high	NT'S EDUCATION heat grade completed)			work don	OCCUPATION MOS		19	166	. KIND OF	BUSINE	SS/INDUS	TRY		
Elementary/Secondary (0-12)	4 years	(+)	Teac		.,					Gove	ernme	ent		
17. FATHER'S NAME (First, Middle,						18. MOTI	HER'S NAI	ME (First, I	Middle, Ma	iden Surn	ieme)			
John Thomas						Ma	ry E	mma .	Bone					
19a. INFORMANT'S NAME (Type/P	77.				SS (Street a					17.1				
Don P. Leak,	Sr.				num S			anha					706	
20a. METHOD OF OISPOSITION 1 X Burlet 2 Cremetion 3		other p	place)		Name of central						ON — City		1	~7
4 Oonation 5 Other (Special Section 2). SIGNATURE OF FUNERAL SE		11011	IOITY		2. NAME AN			CILITY		Lanc	Over	, r	Maryla	ıu
Amon	, G/M	20	8					ns F	iner	al E	Tome			
			Francis										24	
23. PART I. Enter the disease	ses, or complications th	at caused the d	laath. Do	not ente	747	4 La	ndov	er R	oad:	Lar	ndove	er,	Maryla	
IMMEDIATE CAUSE (Finel disease or condition	fallure. List only one ca	luse on aach lin	ia.		747 er the mod	4 Lat	ndovi ing, suci	er R	oad:	Lar	ndove	er.	Approx	
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-B-PRE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Living death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
JUN 20 '91

OHMH-16 Rev t/89

DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS,	the state of the s
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1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME The Part of Part of the	Sibyl	La Gr	erade	2. DAT MON	E OF DEATH TH 24 PAY 9	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 113-56-1850	1 □ M 2 및 F 6	7 YRS.	ONTHS DAYS HOURS	MIN. (Mor	E OF BIRTH oth, Day, Year) /14/24	Country)	ace (State or Foreign
90. FACILITY NAME (If not institution Prince Georg RESIDENCE OF DECEDER 100. STATE 100. C Maryland Pri	es Hospital		cheverly			nce Geo	
	ounty nce Georges	10c. CITY, 1 Glen	rown on Location				d. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUMBER 7910 Wingate D	r		101. ZIP CE 2076		10g. C	USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 No	13. WAS DECENDENT If yes, specify Co	ban, Mexican, Puerte	ilN? (Specify Yea or No— o Rican, etc.) renadian	14. RACE — Black, W Specify:	American Indian, white, atc. Black
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of wor life. Do NOT use of Entrepr	k done during most of wo retired.)		sb. KIND OF BUSINESS/II Priva		
15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, L. Cyril	Sylvester		18. M		, Middle, Melden Surname Oliverre)	
196. INFORMANT'S NAME (Type/PTIN	, a Grenada —Fincl				mber, City or Town, State,		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 54 4 Dorfetton 5 Other (Specific	Removal from State	St George	ON (Name of cometery, on Cemetery)		st Georg	ge, Gre	enada
21. SCHAYUNE OF FUNERAL SERV	6 Heal.	Se,	7474 Land	over Rd/	Jenkins Fu Landover, 1	neral H Md 2078	Home 35
ahock, or heart for immediate or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a, or complications that cause illure. List only one cause on a DUE TO (OR AS A DUE TO (OR AS A C	ach line.	ies	aying, such as ca			Approximate Interval Betwee Onset and Dei
that initiated events resulting in deeth) LAST	d	CONSEDUENCE OF):					
PART II. Other algrifficant con	nditiona contributing to death b	out not resulting in	the underlying caus	e given in Part I.	24a. WAS AN AUTOPS PERFORMED? 1 — YES 2	A O	PERE AUTOPSY FINDING MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		26. PLACE O	F DEATH (Check only			
27. MANNER OF DEATH 1 Netural 5 Pendir 2 Octobers Investi	getion 28e. DATE OF INJURY (Month, Dey, Year) 28e. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY (Month, Dey, Vear) 28e. DATE OF INJURY (Month, Dey, Vear)	26b. TIME INJU 554	DF 28c. INJURY AT WORK? M 1 YES	28d. I	DESCRIBE HOW INJURY SONG TO LESS CONTROL Street and Nurr thy or Town, State)	reals.	Mysel Vehicul no Number Med.
CONSUM UNITY	E PHYSICIAN: To the best of my know XAMINER: On the best of examination						nd manner as stated
MANUAL AND ADDRESS OF PERS	discussion (7	10	LICENSE NUMBER		CATE SIGNED (A	Aonth, Day, Year)
Augusto P. R.	ON WID COMPLETED CAUSE OF DE	5000 /A	Paubum	Ch. do	Sor Mo	20%	48
JUN 25 '91	32. REGISTRAR'S SIGN		1	7			-

1 - STATE REGISTRAP	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF	DEATH	REG. NO.		
9	1. DECEDENT'S NAME (First, Middle, Last) JUNE HANCES	JUNE FRANC	CES LYLE	5		2. DATE OF DEATH	5-91 	3. TIME DF DEATH
	08674475391	1 □ M 2X2 4	77 YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1 9	BIRTHPLACE (State or Foreign Country) New York
TOR	9. FACILITY NAME (If not institution, give stress Shady Grove Action of the control of the contr	lventist Ho	spital	ROBE	R LOCATION OF DE	ATH O	9c, COUNTY	TGOMERY
입	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCAT	ION		-	10d. INSIDE CITY
- DIRECTOR	Maryland Mo	ntgomery		Germa	ntown_			1 YES 2 NO
FUNERAL	11400 Scottsbur	y Terrace		101	208	76		SA
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed WYDivorced	12. WAS DECEDENT EVER IN FORCES? 1 — YES IF YES, GIVE WAR OR DAT	2 NO	If yes, sp		iiC ORIGIN? (Specify Yea n, Puerlo Rican, etc.) /:	or No- 14.	RACE — American Indian, Black, White, atc. Specify: Black
	15. DECEDENT'S EDUCA	TION	16a. DECEDENT'S USU	AL OCCUPATION	ON .	16b. KIND OF BUS	SINESS/INDUST	TRY
BE COMPLETED	(Specify only highest grade or Elementary/Secondery (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ref Medical					*15.14
8	17. FATHER'S NAME (First, Middle, Last)			-1-0110		ME (First, Middle, Maiden	Surneme)	
Ö	David L. Hawki	ns			Audr	ey E. Ke	ndall	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	ORESS (Street e		Route Number, City or Tow		ode)
2	David L. Hawkin	S						NC 27405
	20e. METHOD OF DISPOSITION	-	PLACE OF DISPOSITION					y or Town, State
	1 Suriel 2 K Cremetion 3 Remove 4 Donetion 6 Other (Specify)	rel from State Me	other place)	tal F	uneral	Serv. A		
	21. SIGNATURE OF FUNERAL SERVICE LICE	HISTHE ALLOW	Ala.	SNO		NERAL HO		.A.
	a de de	- Have	acu			MD 2085		
	23. PART I. Enter the diseases, or co ahock, or hear) fallure. LI IMMEDIATE CAUSE (Fine) disease or condition	emplications that caused let only one cause on each Sepsis	ch lina.	entar tha mo	da of dying, auc	h aa cardlac or reap	Iratory arrest	t, Approximate intervel Betwee Onset end Deel
	resulting in death)	DUE TO LOR AS A	CONSEQUENCE OF	<				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Ependa	consequence of the consequence o	GRACISIS CONSEQUENCE OF: THOMAS OF LUmbar Spines AR SPIN				
IFIC/	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	UF	- = = = = = = = = = = = = = = = = = = =	TO/IN OT	NE	
E	resulting in death) LAST							
	PART II. Other algnificant conditions	contributing to death by	it not resulting in t	he underlyin	a cause alven in	Part I. 24e, WAS AN	ALITOPSY	24b. WERE AUTOPSY FINDING
EDICAL	A	endymoma			g g	PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ă	Radiation Ther		vico-Mora	acie c	2.0	1 🗆 YES :	≥ □ NO	OF DEATH?
Σ	ragiation their	apy to cer	VICO - 111010	1010 SI	ijne	—		1 TYES 2 NO
ä	steroid Then	ару						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	O	26. P THER:	LACE OF DEATH (Ch	neck only one)		
YSI		1 Ninpatient 2 ER/Outpi				6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	W	JURY AT ORK? YES 2 NO	26d. DEŞCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Speci	At home, farm, streety)	it, factory, offic		281. LOCATION (Street City or Town, State	end Number or)	Rural Route Number,
COMPLETED	TOTACK OTHY	CIAN: To the best of my knowl		n my opinion,	death occured at the	time, date and place, e	nd due to the o	ceuse(s) and menner ee stated.
BE	29b. SK PATURE AND TITLE OF CERTIFIED	long on			29c. LICENSE NU	MBER 3589	29d. DATE S ▶JVN	SIGNED (Month, Day, Year) VE 26, 1991
5	30. NY E AND ADDRESS OF PERSON WHO	OCOMPLETED CAUSE OF DEA	17 (ITEM 27) (Typo, Pri	MED	CAL CE	ENTEL DRI	UE, A	HONED (MONTH, Day, Year) VE 26, 1991 ROCKUILLE
	31. DATE FILED (Month, Days Year) JUL 1 91	32. REGISTRAR'S SIGNA	TURE Goodelle					

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TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after	TOR: After this certificate has been signed by the attending physician and completely filled in by the	the date of the factor Dane of Chapter and Mandel Liminas ander to build commercial of party

. DECEDENT'S NAME (First, Middle, La		HNNA LODE			LOP.	2 7-5-			91 _{YEAR}	3. TIME OF DEATH 7:
215-06-7765	5. SEX 1 M 2 K	6. AGE (In yrs. In		MONTHS D	DAYS HOL	JNDER 24 HRS. JRS MIN.	7. DATE OF BIRTH (Month, Day, Yea Feb. 5, 1	397	Coun	HPLACE (State or Foreign try)
LELAND MEMORI RESIDENCE OF DECEDENT	AL HOSPIT	AL			OWN OR LO	CATION OF DI	EATH		INCE	GEORGES
Da. STATE 10b. COU	NTY			Y, TOWN OR						10d. INSIDE CITY LIMITS? 12 YES 2 NO
Md.	P.G.		,	Hyatts	101. ZIP			100 0	TIZEN OF	WHAT COUNTRY?
	- D3				101. 21					
4922 LaSell	e Rd.	T EVER IVILE A	DHED	Lan um	o peopling	20782	NIC ORIGIN? (Specif	_	J.S.A	CE American Indian,
Never Married 2 Married Nover Married 2 Divorced	FORCES?	YES 2	NO	H y	es, specify		n, Puerto Ricen, atc)	Spe	ck, White, etc.
15, DECEDENT'S I	DUCATION	16a, D	ECEDENT'S	USUAL OCC	UPATION		16b, KIND OF		NOUSTRY	
(Specify only highest g Elementary/Secondary (0-12)		- 4	Give kind of te. Do NOT u	work done dur se retired.)	ring most of t	working		ursin		
77. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S NA	ME (First, Middle, Ma			
	Cole						anda		lores	,
Laurence	core		ION MAILING	ADDRESS (Street and No		Route Number, City o			
	Lopez						ie, Md.			
Coa. METHOD OF DISPOSITION Burlet 2 Cremetion 3 5 Donation 5 Other (Specify)	lemoval from State	Other C	E OF DISPO	sition (Name	od cometery remat	ory	200	LOCATION	ale,	Md.
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 1 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	ELICENSEE	670 ott coused the cuse on each life	e of disposed nambe	rs C1	remate AME AND AT BOL C	OTY DDRESS OF FA Levela of dying, suc	ciurry W.W.	River Chambe River Siver	city or lale, ers Clale, erreat,	Md.
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 5 4 Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE 23. PART I. Enter the disease, shock, or heart felic IMMEDIATE CAUSE (Finel disease or condition	LICENSEE Cor complications three. List only one ca	670 ott coused the cuse on each life	e of Dispoples) hembe deeth. Do ne.	PS C1 22. NA 58 not enter th	remate AME AND AT BOL C	OTY DDRESS OF FA Levela of dying, suc	ciurry W.W.	River Chambe River Siver	city or lale, ers Clale, erreat,	Md. Co. Inc. Md. 20737 Approximate Interval Between
20a. METHOD OF DISPOSITION 1	a	other Cl 670 when the cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list cuse on each list customer and	e of Dispo place) deeth. Do ne. deeth. Do ne. decounce of the place	SITION (Name STS C) 22. NA 58 not enter th DF): OF):	e of cemetery remat AME AND AC BOL C. The mode of	cremetory or OTY OTY DDRESS OF FA levels of dying, suc	Part I. 24e. W	River Chambe River Siver	city or itale, errs (Md. Co. Inc. Md. 20737 Approximate Interval Between
20a. METHOD OF DISPOSITION 1	a. DUE TO b. DUE TO c. DUE TO d. Tolors tions contributing to	other Cl 670 ot coused the couse on each list coused the couse on each list coused the couse on each list couse on each list couse on each list couse of contract of contract coused to contract coused to contract coused to contract coused to contract coused to contract coused to contract coused to contract course coused to contract course coused to contract course	e of Disporphone) Cambe deeth. Do ne. SEQUENCE O	SITION (Name PS C1 22. NA 58 not enter th DF): In the und	e of cemetery remata AME AND AL BOL C. The mode of	cormetory or OTY ODRESS OF FA levela of dying, such	Part I. 24e. WP	EL CANTON	city or itale, errs (Md . 20737 Approximate interval Between Onset and Death Onset
20a. METHOD OF DISPOSITION 1	b. DUE TO tions contributing to tions contributing to HOSPITAL: 11 Tipstient 2 2aa. DATE O (Month,	other Cl 670 ot coused the couse on each list coused the couse on each list coused the couse on each list couse on each list couse of contract to con	e of Disporphonic	SITION (Name STORY C) 22. NA 58. not enter th DF): In the und.	e of cemetery remat AME AND AL BOOL C. The mode of Control of the cemetery remater and the cemeter and the cem	COF DEATH (C	Part I. 24e. We heck only one)	River Chambe Chamber River San Autops San Autops San Autops San Autops San Autops San Autops San Autops San Autops San Autops	City or lale, ers Colale, error,	Md. 20737 Approximate interval Between Onset and Death Death Onset and Death Deat

Type, Print) DR

D-37243 SOOD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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cian.	Hran		
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran		
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Z	heate	Stat	. Ite
SICIA	certi	the	. 07
F	this	with	rked
ING	After	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
END	R: A	b Jel	100
	H	Till	2

	REGISTRAR		CERTIFIC	CATE OF DEAT		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Les	YOUNG	JA LI	EE	2. DATE	OF OEATH	3 71	ME OF DEATH
-	4. SOCIAL SECURITYLAUMBER	5. SEX 4 6. A	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	24 HRS. 7. DATE (OF BIRTH	8. BIRTHPLACE	E (State or Foreign
	218-23-0371	1 - M 2 X F		IONTHS DAYS HOURS	MIN. (Month,	25-43	Country)	KOREA
	9a. FACILITY NAME (If not institution, give	ve street and number)	10	96. CITY, TOWN OR LOCATIO			NTY OF OEATH	KUKEA
DIRECTOR	Washington	Adventist 1	letiquet	Takama P.	ark	M	onto	
E I	10a. STATE 10b. COU	Y Y	10c. CITY,	TOWN OR LOCATION				INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	nigomer	Y 3	JAEL >	PHING	1 10-077	ZEN OF WHAT O	YES 2 NO
FUNERAL	1410 Mile	Charles 7	200	200	201)			
N.	11. MARITAL STATUS	12. WAS DECEDENT EVI		13. WAS DECENDENT OF	F HISPANIC ORIGIN	SOU	14. RACE An	REA
	1 Never Married 2 Married	FORCES? 1 1 Y		If yes, specify Cuber 1 ☐ YES 2 🔯 NO	n, Mexicen, Puerto R		Specify:	
ВУ	3 Widowed 4 Divorced					LOCAL	H	SIZN
딢	15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S U	ork done during most of working	g 16b.	KIND OF BUSINESS/INC	USTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMA					
COMPL	17. FATHER'S NAME (First, Middle, Last)		HOFILIE		IED'S NAME (Elre) A	fiddle, Maiden Surname)		
_	SEUNG				The second second	William William Inches		
BE	19a. INFORMANT'S NAME (Type/Print)	LEE	19b. MAILING	ADDRESS (Street and Number		HAN er, City or Yown, State, Zip.	Code)	
2	SOO AHN	(SISTER)		ARCTIC AVEN				20853
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Name	DATE	The state of the s		Control of the last of the las
	1 Donation 5 Other (Specify)	temoval from Stata	of cemetary, crematory of METROPOLIT	or other place)	Y	ALEXAND	RTA WI	TRCINIA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22, NAME AND ADDRES	S OF FACILITY			
-	Na	()				NS FUNERAL		
	23. PART i. Botar the diseases,	or complications that of	used the death. Do as			LVD., W.,		Approximate
	shock, or haert fellu			a error com mode of avi	THE CHIEF SECOND	nec of respiratory an	Wat.	
			p aach lina.	, 1	1	1 ,		interval Between
	iMMEDIATE CAUSE (Final disease or condition	Int	Packer.	, 1	1	1 ,		interval Between
		Int.	AS A CONSEQUENCE OF	hal I	lenv	1 ,		interval Between
7	disease or condition	Int.	racue	hal I	1	1 ,		interval Between
rion	disease or condition resulting in death)	Just 19 (OR	racue	hal t	1	1 ,		interval Between
CATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Just 19 (OR	PACLE OF PURCE OF	hal t	1	1 ,		interval Between
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	B. DUE TO COR	PACLE OF PURCE OF	hal t	1	1 ,		interval Between
RTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B. DUE TO COR	AS A CONSEQUENCE OF	hal t	1	1 ,		interval Between
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa	B. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	Rel T	lenv	24e. WAS AN AUTOPSY	24b. WERI	Interval Betwee
AL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	Rel T	lenv	24e. WAS AN AUTOPSY PERFORMED?	24b. WERI	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE
AL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	Rel T	lenv	24e. WAS AN AUTOPSY	24b. WERI ANAL COM OF D	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR DUE TO (OR d.	AS A CONSEQUENCE OF	Rel T	lenv	24e. WAS AN AUTOPSY PERFORMED?	24b. WERI ANAL COM OF D	E AUTOPSY FINDING LABLE PRIOR TO PILETION OF CAUSE
AN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	B. DUE TO (OR DUE TO (OR d	AS A CONSEQUENCE OF	Red 7	lenv	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERI ANAL COM OF D	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH?
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	B. DUE TO (OR d. DUE TO (OR d. HOSPITAL:	AS A CONSEQUENCE OF	the underlying cause of the underlying cause of the others.	given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 No	24b. WERI ANAL COM OF D	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH?
YSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	B. DUE TO (OR b. DUE TO (OR d	AS A CONSEQUENCE OF	the underlying cause of the un	given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 No	24b. WERL MARA COMMO OF 0	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR d. DUE TO (OR d. HOSPITAL: 1 Inpetiant 2 ER. 28a. DATE OF INJI (Month, Day, M.	AS A CONSEQUENCE OF	the underlying cause of the un	given in Part i. EATH (Check only on reidence 6, 50 the 28d. OES	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 No	24b. WERL MARA COMMO OF 0	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	BUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: 4 Nursing Home 8 Re WORK? RY 1 YES 2	EATH (Check only on alidence \$ 00000000000000000000000000000000000	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERI ANAL COMMON OF 0	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: 4 Nursing Home 8 Re WORK? RY 1 YES 2	EATH (Check only on alidence \$ 00000000000000000000000000000000000	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERI ANAL COMMON OF 0	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: 4 Nursing Home 8 Rei OF 28c. INJURY AT INY 1 YES 2 Insert, factory, office	EATH (Check only onesidence 6, Other 28d. OES	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERI ANAL COMMO OF 0 1	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: 4 Nursing Home 8 Record Work? M 1 YES 2 Treet, factory, office	given in Part i. EATH (Check only on reidence \$	24a. WAS AN AUTOPSY PERFORMED? 1 VES 2 NO NO NO NO NO NO NO NO NO NO	24b. WERI AMAR COMMING OF D 1 □	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE PLETION OF CAUSE Number,
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	at the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying the under	EATH (Check only on reidence 6, Othe 28d. CES	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number or Rown, State) Juse(a) and manner as state and place, and due to the state of	24b. WERI ANALOM OF D 1	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO Number;
TED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	at the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying cause of the underlying the under	given in Part i. EATH (Check only on reidence \$	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number or Rown, State) Juse(a) and manner as state and place, and due to the state of	24b. WERI AMAR COMMING OF D 1 □	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO Number;
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: OF 28c. INJURY AT WORK? 1 YES 2 reet, factory, office d at the time, date and place 1, in my opinion, dasth occur	EATH (Check only on reidence 6, Othe 28d. CES	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number or Rown, State) Juse(a) and manner as state and place, and due to the state of	24b. WERI ANALOM OF D 1	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO Number;
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions in the condition of the condition	B. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d	AS A CONSEQUENCE OF AS A CONS	25. PLACE OF DOTHER: OF 28c. INJURY AT WORK? 1 YES 2 reet, factory, office d at the time, date and place 1, in my opinion, dasth occur	EATH (Check only on reidence 6, Othe 28d. CES	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO ATION (Street and Number or Rown, State) Juse(a) and manner as state and place, and due to the state of	24b. WERI ANALOM OF D 1	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO Number;

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BALTIMORE, M

nours after death. Page 8 may be

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR	Q=111111	OAIL OI	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) MARION LU	CILLE MU	RRAY		2. DATE OF DEATH	AV YEA	3. TIME OF DEATH
	marion lucille	MAC	MAN		010 03		1545 "
		n yrs. (ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF SIRTH	~	IRTHPLACE (State or Foreign
	577-00-9093 10 M2 XF 9		MONTHS DAYS		(Month, Day, Year)	. 9	puntry) •
	3 . 1 3 13	9			11-11-9	-	Irginia
-	Be. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF DI	EATH	9c. COUNTY	OF DEATH)
9	BOURINE WISHING LEN	tor	LEXIDX	too Par	K	14.	MAMIS
5	RESIDEN E OF DECEDENT		(
DIRECTOR	10e. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOC				10d. INSIDE CITY LIMITS?
	Maryland St. Mary's		Ridge	:			1 TYES 2 NO
A	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	Р.О. Вож 179			20680		USA	
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS D		NIC ORIGIN? (Specify Yes	or No- 14. I	RACE — American Indian,
	1 Nover Married 2 Married FORCES? 1 YES	2 NO	If yes,	specify Cuban, Mexico	in, Puerto Rican, etc.)		Black, White, etc.
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	ITES	1 7	ES 2 🚺 NO Specif	y:		Specify: White
	15, DECEDENT'S EDUCATION	16a, DECEDENT'S	I OCCUPA	PIONI .	16b. KIND OF SU	OUNTED OF THE PERSON	
H	(Specify only highest grade completed)		ork done during i		166. KIND OF SU	SINESS/INDUSTI	NY.
4	Elementary/Secondary (0-12) College (1-4 or 5+)						
A P	1-12	General	Accoun	ting offi	LCE	US Gov	ernment
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
BE (Raldolph Otis			l l	Vannie (unknow	n)
	19a. INFORMANT'S NAME (Type/Print)	19b. MAILINO	ADORESS (Stree	t and Number or Rural	Route Number, City or Tow		
2	Joan M. Miller	1					
					delphi, Mo		
	1 D(Burlet 2 Cremetion 3 Remove) from the	other place)		cemetery, crematory or		CATION — City	
	4 Donation 5 Other (Specify)	edar Hil		ery		land,	Maryland
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE			AND ADDRESS OF FA		•	
	» / Mili. N Mayalde				Funeral H		
	23. PART I. Enter the diseases, or complications that caused		11180	O N.H. Av	re., Silver	Sprin	g. Md. 20904
	ahock or heert feiture. List only one ceuse on ei IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a Sequentielly list conditions, If any, leading to immediate		hypox	ani a			Interval Between Onset and Death
Z	organi.	Garain	· Su.	dans			
은	Sequentielly list conditions, If any, leading to immediate	CONSEQUENCE OF	7:	0.00			
4							
(5	cause. Enter UNDERLYING						i I
FIC	CAUSE (Disease or Injury C.	CONSEQUENCE OF	7:				
RTIFIC	CAUSE (Disease or injury	CONSEQUENCE OF	7):				
CERTIFIC	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A	CONSEQUENCE OF	7:				
AL CERTIFICATION	CAUSE (Disease or Injury that Initiated eventa DUE TO (OR AS A			ing ceuse given in	Part I. 24a, WAS AN		24b. WERE AUTOPSY FINDINGS
	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST			Ing ceuse given in	PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth b			ing ceuse given in	Part I. 24a, WAS AF PERFO	RMED?	AVAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth b			ing ceuse given in	PERFO	RMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting In deeth) LAST PART II. Other aignificant conditions contributing to deeth b		n the underly		PERFO	RMED?	AVAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting In deeth) LAST PART II. Other aignificant conditions contributing to deeth b Tuler Lung 25. WAS CASE REFERRED TO MEDICAL		n the underly	ing couse given in	PERFO	RMED?	AVAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth b Tules calling	ut not resulting I	n the underly 26. QTHER:		PERFO	RMED?	AVAILABLE PRIORI TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting In deeth) LAST PART II. Other aignificant conditions contributing to deeth b Tules calling 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (X NO 1 Input lent 2 ER/Outp 27. MANNER OF DEATH 28s. DATE OF INJURY	ut not resulting i	26.	PLACE OF DEATH (C)	PERFO	RMED? ≥ XNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth b Tubu culting 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	ut not resulting i	26. OTHER: 4 Mursing H	PLACE OF DEATH (Common 5 - Rasidence	PERFO 1 YES :	RMED? ≥ XNO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated eventa resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth b Tubu culting 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	ut not resulting I	26. CTHER: 4 Mursing H E OF URY M 1 [PLACE OF DEATH (Or ome 5 Residence NJURY AT WORK? YES 2 NO	PERFO 1 YES: heck only one) 6 Other (Specify) 28d. DESCRIBE HOW	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BALTIMORE, N

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

12

31. DATE FILED (Month, Day,

'91

32. REDISTRAR'S SIGNATURE

Randell

I. DECEDENT'S NAME (First, Middle, Last)	. 1	W. Murp) O =	F DEA	1.51	2. DATE OF	DAY		YEAR 3.	TIME OF DEATH
ELAINE		1	MC	KPH	Y		06	30	(7/	6.14A
I. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEA		R 24 HRS.	7. DATE OF I	BIRTH ny: Year)		Country	CE (State or Foreign
578-62-7610	1 □ M 2 💢 F	74	YRS.				Mar.	5,1917	7	N	linn.
Be. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCAT	ION OF OR	HTA	90.	. COUNT	TY OF OEATI	1
Suburban Hospita	a1			Betl	nesda				Mor	itgome	ry
RESIDENCE OF DECEDENT			T							1	
IOB. STATE 10b. COUNT				y, town on Lo shingt		С.					I. INSIDE CITY LIMITS? YES 2 NO
IOO. STREET AND NUMBER					10f. ZIP COD	E		10	g. CITIZ	EN OF WHAT	COUNTRY?
4812 Ellicott S	Street, N	. W.			200)16			U.	S.A.	
II. MARITAL STATUS I Never Married 2 Married I Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED NO	If yes,		en, Mexica	n, Puerto Rica	specify Yes or N n, etc.)	to-	14. RACE — Black, W Specify:	American Indian, hite, atc. White
15. DECEDENT'S EDI (Specify only highest grad	UCATION	16a. O	ECEDENT'S	USUAL OCCUPI	TION	lea	16b. KII	O OF BUSINES	SS/INDU	ISTRY	
Elementary/Secondary (0-12)	College (1-4 or 6 d		e. Do NOT u	work done during se retired.)	most or work	ing					
	5+		Physi	cian			Me	dical	Doc	tor	
7. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Midd	le, Malden Surn	ame)		
Frederick A. Wi	lenink				Ar	na C	ronqui	st			
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (Stre	_	_			ete, Zio (Code)	
John C. Murphy,	.Ir.			lands S					208		
20a. METHOD OF DISPOSITION	011			E OF DISPOSITI		nicvy	DATE	20c. LOCATIO			State
□ Burial 2 □ Cremation 3 □ Ran	novel from State	of semetar	y Grenator	ror other place)	omot o	7"37	7/3				Quality .
1 1 Donation 5 Other (Specify)	ICENSEE	- 00.	Gabi		AND ADDRI	-	1	Poto	mac	, PID	
II. SIGNATURE OF FUNERAL SERVICE L	A A	7 1		JOSE	ph Ga	wler	s Son	s, Inc			
Muchae	191	hel	400					NW, Was		aton	DC 2001
23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Fine)	List only one cau		10.	not anter the	mode of dy						Approximate Interval Betwee Onset and Dec
	19-01	11/11/11/11	4	CTIL VI							
disease or condition resulting in death)					Manue						
disease or condition		OR AS A CONSI	EQUENCE C)F):		200	ME				
disease or condition reaulting in death)	GUIL	LAIN	BA	RRE :		DRO	ME				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	GUIL		BA	RRE :		DRO	ME				
disease or condition resulting in death) Sequentially list conditions,	b. GUIL OUE TO	CAIN OR AS A CONSE	BATEQUENCE O	RRE S		DRO	ME				
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	b. GUIL OUE TO	LAIN	BATEQUENCE O	RRE S		DRO	ME				
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use as the burial-transit permit. Pages 1, 2, 3 should

e attending physician.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Las										
	,					MONTH	OF DEATH	MY	YEAR	3. TIME OF DEATH
	ay Mecl	kler				July		991		9:29 PM
4. SOCIAL SECURITY NUMBER 105-32-1487	5. SEX 1 📉 M 2 🗌 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		7 1904		8. BIRTI Count Rus	
96. FACILITY NAME (If not institution, give 8618 Beech Tree 1				96. CITY, TOWN O	esda	EATH			ntgo	mery
10e. STATE 10b. COUN	ontgomery		10e. CIT	y, town on locat						10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Jiregomery	Y-1			. ZIP CODE			I son CIT	TEN OF	1 X YES 2 NO
8618 Beech Tree		32		0781	20817				U.S.	Α.
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARM 1 TYES 2 MINO WAR OR DATES		If yes, sp	ENDENT OF HISPA ecify Cuban, Mexico 2 M NO Specific	en, Puerto i		s or No—	Spec	E — American Indian, ck, Whita, atc. city: 11te
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5	+) (Glv life.	ve kind of	USUAL OCCUPATION Work done during more retired.)	ON set of working		KIND OF BU		Fir	
17. FATHER'S NAME (First, Middle, Last) Jacob Meckler					16. MOTHER'S NA	AME (First, I	Middle, Maide	,		
19a. INFORMANT'S NAME (Type/Print) Joyce R. Harris	(daughte				ee Rd. E				0817	
20a. METHOD OF DISPOSITION				E OF DISPOSITION		DAT		DCATION -		
1 Surial 2 Cron tion 3 Re 4 Donation 6 Inter (Specify)	moval from State	of cemelary.	cremator	or other place) on Cemet		1	3 Que			
21. SIGNATURE OF POPERAL SERVICE	M.	Lise		Danza	nsky-Gol	dber	g Memo	rial	Ch	apels, In
disease or condition	Ahdom									Onset and D
resulting in death)		inal Mal:	_							Onset and E
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b		DUENCE O	F):						Onset and I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	O (OR AS A CONSEO	DUENCE O	F):						Onset and I
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	DUENCE O	ค: ค: ค:	g ceuse given ir	n Part I.	24a. WAS A PERFC 1 □ YES	RMED?	241	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO	DUENCE O	F): F): In the underlyin			PERFO	RMED?	241	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO DUE TO DUE TO d. IDNa contributing to	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO D death but not re	DUENCE O	F): F): In the underlyin 26. P	LACE OF DEATH (C	heck only or	PERFO	RMED?	24	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions are also as a sequential conditions.	DUE TO DUE TO DUE TO d. IDNa contributing to	O (OR AS A CONSEO O (OR AS A CONSEO D (OR AS A CONSEO D death but not re	DUENCE O	F): F): In the underlyin 26. P OTHER: 4 □ Nursing Hon	LACE OF DEATH (C	heck only or	PERFO	PRMED?		b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of	DUE TO DUE TO	O (OR AS A CONSEO O (OR AS A CONSEO O (OR AS A CONSEO D death but not re	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOAR 28b. TIM	F): F): In the underlyin 26. P OTHER: 4 Nursing Hon BE OF 28c. IN. WW M 1	LACE OF DEATH (C	6 Other	PERFO 1 TYES 1 (Specify) CRIBE HOW	PIMED? 2 1 NO INJURY OF	CCURED	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the condition of	DUE TO DUE TO	D (OR AS A CONSEO D (OR AS A CONSEO D (OR AS A CONSEO D death but not re	DUENCE OF DUENCE OF DUENCE OF DUENCE OF DOAR 28b. TIM	F): F): In the underlyin 26. P OTHER: 4 Nursing Hon BE OF 28c. IN. WW M 1	LACE OF DEATH (C	6 Other	PERFO 1 TYES 1 (Specify) CRIBE HOW	PAMED? 2 NO INJURY OC	CCURED	b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are successful to the conditions of the conditions o	b. DUE TO c. DUE TO d	O (OR AS A CONSEO O (OR AS A C	DUENCE ODUENCE	F): F): In the underlyin 26. P OTHER: 4 Nursing Hon E OF 26c. IN. UNY M 1 Street, factory, office red at the time, date	LACE OF DEATH (Come 5 🖾 Residence JURY AT JURY AT YES 2 🗌 NO see	theck only or 6 Othe 28d. Det 28f. LOC City ine to the care time, date	PERFC 1 YES 1 YES 1 (Specify) 1 (Specify) 1 (Street HOW 1 (Street HOW) 1 (Street HOW) 1 (Street HOW) 1 (Street HOW)	INJURY OC and Number of the total part of the to	or or Rural	b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO Route Number, (e) and manner as stat D (Month, Day, Year)

AND 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	D.	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF GEATH		3. TIME OF OEATH
	MARY	MC I	ONNELL			July 1	1991	8:23 PM w
	4. SOCIAL SECURITY NUMBER 019-36-0859	5. SEX	6. AGE (In yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 3,	1909 Ma	orthPLACE (State or Foreign intry) ssachusetts
HOL	9a. FACILITY NAME (If not institution, give Suburban RESIDENCE OF DECEDENT	Hospital			hesda		9c. COUNTY OF	gomery
DIRECTOR	Maryland M	v lontgomer		Silver S				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 613 Chishester	Lane		101	20904		10g. CITIZEN O	F WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMED YES 2 X NO WAR OR DATES	If yes, sp		NIC ORIGIN? (Specify Yein, Puerto Rican, etc.) y:	Bi	ACE — American Indian, ack, White, etc. modify: White
	15. DECEDENT'S EOL (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5	(Give kind of life. Do NOT u		DN at of working		USINESS/INDUSTRY	
COMPL	1-12 17. FATHER'S NAME (First, Middle, Last)			Worker		ME (First, Middle, Meide	n Surneme)	chusetts
BE	John Francis Mc	Donnell,	The state of the s	0 ADDRESS (0)		Elizabeth		
2	John D. Bowen					Route Number, City or To Silver S		
	20a. METHOD OF DISPOSITION		20b. PLACE OF DISPO				OCATION - City or	
	1 X Buriel 2 Cremation 3 Fee 4 Donation 6 Office (Specify)	//	other place)	_Marvs C	emeterv	Nev	w Bedfor	d, Mass.
	21. SIGNATURE OF FUNCHAL SERVICE	Dunda	1.	HInes	Rinaldi	Funeral		Spr. Md. 209
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO	(OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	new	ugs r lat art	rion fail	ure	
MEDICAL	PART II. Other eignificant condition	ns contributing to	premi	in the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE Of (Month, L	FINJURY 28b. TII Ony, Ybar) IN	ME OF 28c. INJ	URY AT DRK? YES 2 NO	284. DESCRIBE HOW	INJURY OCCURED	
9	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — Al home, farm, etc. (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State	t and Number or Rui e)	al Route Number,
COMPLE	anal -		my knowledge, death occur examination and/or investigat					e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	raka	er, Mil)	29c. LICENSE NU D357	MBER 92	29d. DATE SIGN	IED (Month, Day, Year) 2 - 9
5	S. SUDHAT	HO COMPLETED CAU	SE OF DEATH (ITEM 27) (Typ	e, Print) ROCK	VILLE	LONSTO	N DR	+504 873
	JUL 3 91	32. REGISTA	AR'S SIGNATURE Pardel	2.		,		

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21	- 1	7	U	U	ı

	FOR STATE REGISTRAR	STATE OF MARYLANI) / DEPARTM			MENTAL HYGIEN	_)	19617
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			TIME OF DEATH
	Clara	Virginia MIC	CHAEL				15,199	EAR 1	1:10 P M
	4. SOCIAL SECURITY NUMBER 6.	. SEX 6. AGE (In yrs	**	UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year)	6.		CE (State or Foreign
	1	□ M 2 1x F 94	YRS.	THE DAYS	HOUNE MIN.	Aug. 12,1	896	West	Virginia
_	9s. FACILITY NAME (If not Institution, give street		9b.	CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY		
DIRECTOR	Ravenwood Lutheran	Village		Hager	stown		Wash	ingto	on
EG	10e. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATI	ON			10d	I. INSIDE CITY
듬	Maryland Washin	gton	Hage	erstown	1			10	LIMITS?
A	10e. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT	COUNTRY?
FUNERAL	Potomac Towers				21740			USA	
5	11. MARITAL STATUS 12 1 Never Merried 2 Married	2. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2				IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	or No- 14	RACE - / Black, Wi	American Indien, hite, atc.
BY	3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specify			SpecMy: white	
	15. DECEDENT'S EDUCAT	ION 164	. DECEDENT'S USL	IAL OCCUPATIO	N	16b, KIND OF BU	1		
ET	(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind of work life. Do NOT use re-	done during mos ired.)	it of working				
P.	5	0	nurses	aid					
COMPLETED	17, FATHER'S NAME (First, Middle, Lest)					ME (First, Middle, Melden			
BE	James Michael					E. Goodma			
0	196. INFORMANT'S NAME (Type/Print) Naomi Stottler					loute Number, City or Tox			
	20s, METHOD OF DISPOSITION	Lan et	ACE OF DISPOSITION			celey Spri	CATION - City		
	1 № Buriel 2 □ Cremetion 3 □ Remova 4 □ Donation 5 □ Other (Specify)	I from State	er place) Se Hill	Cemeter	·V				aryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN				D ADDRESS OF FAC CH FUNERA			,	
	1501XXX	MA	11/1	10				1	W3 21740
	23. PART I. Enter the diseases, or con	unications that caused the	e death Do not			Blvd., Ha	_		Approximate
	ahock, or heert fellure. Lie			antai the mo	oa or dynny, adoi	raa cordiac or resp	matory arroa	19	interval Between Onset and Deeth
	IMMEDIATE CAUSE (Finel disease or condition	Cordiac	Arre	+2					Onser and Decur
	reaulting in death) a	DUE TO (OR AS A CO) DUE TO (OR AS A CO) DUE TO (OR AS A CO)	NSEQUENCE OF):	11	1				
Z		A which	cherot	G 14	eart E	Johann			
NTI O	Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A CO	NSEQUENCE OF):	ایک م	0 .015	القيم			
3	CAUSE (Disease or Injury	DUE TO (OR AS A CO	NAEURIENCE DES	777	Jacob	9			
CERTIFICATION	that initieted events resulting in death) LAST			0)				
	0								
Ä	PART II. Other aignificent conditions of	contributing to death but r	not reaulting in t	he underlying	ceuse given in	Part I. 24a. WAS AF PERFO		AW	RE AUTOPSY FINDINGS AILABLE PRIOR TO
MEDIC						1 YES	NO		MPLETION OF CAUSE DEATH?
								1 [YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Chi	ack only one)	_		
SICI	EXAMINER?	HOSPITAL:		THER:	e 6 Residence				
Ŧ	27. MANNER OF DEATH	28e. DATE OF INJURY	26b. TIME O	F 28c, INJ		28d. DESCRIBE HOW	INJURY OCCU	RED	- 1
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUN		rES 2 NO				1
	3 Suicide e Could not be	28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm, stre	et, factory, offic	•	26f. LOCATION (Street City or Town, State	and Number or	Rural Route	» Number,
ETE	4 Homicide datermined								
COMPLETED	CONSCINUTE -	AN: To the bast of my knowledg							
Š	2 MEDICAL EXAMINER	On the basis of examination an	d/or investigation, i	n my opinion, d	eath occured at the	time, data end placs, e	nd dus to the o	:euse(e) sn	d menner as stated.
BE	296, SIGNATURE AND TITLE OF CERTIFIER	0			29c. LICENSE NUM	ABER (A)	29d. DATE S	IGNED (MC	orith, Dey, Year)
9	-		Com		5	7 de 400	CL	ソイノ	4 177
	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type, Pri	Jugar.	Jam St	Hage	Las	, m	\$ 21740
	31. DATE FILED (Month, Day, Year)					14 31	100.		
	uu 16 '01	32. REGISTRAR'S DIGNATU	m- yande						

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s. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be a name in	eath	to marked as item 22 shows any Internal or other trainmatic avent the marked of aventual available to account
A H	P P	9

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR					MENTAL HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Olive Ire	ne MAXWELL						2. DATE OF DEATH DO THE TOTAL	19	917	3. TIME OF DEATH 9:32 M
	4. SOCIAL SECURITY NUMBER 214- 22- 5923	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	Jan 19, 191	6	a. BIRTH	PLACE (State or Foreign
ron	99. FACILITY NAME (If not Institution, give stre Washington Coun				rown c	OWN	ON OF OE	ATH		S. A.	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Was	hington		y, town o		ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 55 East Washin	gton St.			101	2174		b		S. Z	VHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO		If yes, sp	ENDENT Coba	n, Mexica	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No-	Bleci	E — American Indian, k, White, atc. hy: White
COMPLETED	15. OECEOENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEOENT'S (Ghe kind of life. Do NOT u	work done se retired.)	CCUPATIO	ON st of worldr	ng	16b. KIND OF BUS			
BE COM	17. FATHER'S NAME (First, Middle, Lest) Jacob Sherman	Dick				11:50		ME (First, Middle, Meiden UNNET	Surname)		
TO B	190. INFORMANT'S NAME (Type/Print) Mary M. Elliott							Poute Number, City or Tow 21 Rd. Boo			Md. 21713
	20e METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 Remo 4 Denation 5 Other (\$\frac{1}{2}\$) 21. SIGNATURE OF FUNERAL SUPPLY US John Ba	of co	PLACE AND DAT emetary, cremator Mt. Zio	n Cer	nete name ai	TY ND ADDRE	SS OF FA	-10-91 Sa	n Ma 6 Ol	d Nat	d. 21713 tional Pike
CERTIFICATION	shock, or heert feilure. L IMMEDIATE CAUSE (Finei disease or condition resulting in desth) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	DUE TO (OR AS A Coron	CONSEQUENCE C)F):	Ca	ch	al	- Gryc Dise	ose	hor	Interval Between Onset and Death Lhoury
AL	PART II. Other algnificent conditions	contributing to death bu	it not resulting	In the u	nderlyin	g cause	given in	Part I. 24e. WAS AN PERFOI	RMED?	246	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		LACE OF D	EATH (Ch	eck only one)			
BY PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til		28c. IN.	IURY AT DRK?		6 Other (Specify) 28d. DESCRIBE HOW	INJURY O	CCUREO	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, fac	tory, offic	•		281, LOCATION (Street City or Town, State,	end Numb)	er or Rural	Route Number,
COMPLETED	and)	HAN: To the best of my knowler: On the basic of examination									s) and menner as stated.
TO BE C	266, SIGNATURE AND TITLE OF CERTIFIER	tura ?	nd.			29c. LIC	ense nui	824	29d. DA	July 3	(Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	St. J	Jage	e, Print)	ou	m	M	8. 21	74	0	
	JUL 10 '91	Julia David	Son-Pand	m							

confirmation of the

	VI.	=	io	Ē
o,	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	MPORTANT: If item 28 is marked or item 23 shows any injury, or other traumatic event, the
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSP	FUNE	within	TANT
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	1 - STATE REGISTRAR	STATE OF MA		DEPAR					MENIAL	REG. NO.		91	19619
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	F OEATH DA	γ γ	EAR 3. T	IME OF DEATH
	CONVERSE MILLER								JUNE	18			47 A M
	4. SOCIAL SECURITY NUMBER 251-64-3057	5. SEX	6. AGE (In yrs. le:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF (Month, I	энтн Эву: Year) 17—24—	.20	Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)	01		9b. CITY,	TOWN O	R LOCATIO	ON OF DE		7 24		OF DEATH	h Carolina
OR	MALCOLM GROW USAI	MEDICAL (CENTER		ANDR	REWS	AFB	MD			PRINCE	GEOR	RGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			10c. CIT	Y, TOWN O							10d.	INSIDE CITY
8	MARYLAND PRIN	CE GEORGE'	S	CAM	IP SP	RING						XX	LIMITS? YES 2 NO
3AL	100. STREET AND NUMBER	D DDTITE				10f.	ZIP CODI	748				N OF WHAT	COUNTRY?
FUNERAL	7005 WEST CHESTE	12. WAS DECEDENT	EVED IN II O A	PMEO	42.1	WAS DEC			IIC ORIOIN?	Manatha Man	USA	DACE A	anders today
BY FU	1 Never Merried 2 XX arried 3 Widowed 4 Divorced		YES 2			f yes, spe	cify Cuba		n, Puerto Ric		OF NO.	Specify:	American Indian, ita, atc.
ED	15. DECEDENT'S ED (Specify only highest gra		16a. Di	ECEDENT'S	USUAL OC	CCUPATIO	N at of working	na .	16b. K	IND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)	College (1-4 or 6+)	ille	MEAT	se retired.)			•		PRIVA	מחום		
COMPLETE	12th 17. FATHER'S NAME (First, Middle, Last)		1	VIEWI.	CUII	CK	16. MOT	HER'S NAI	ME (First, Mic				
ш	CONVERSE MILLER	, SR.						RA J			111-2/2002		
TO B	19a. INFORMANT'S NAME (Type/Print)										n, State, Zip C		20740
	FANNIE MILLER (W	Tre)	20b. PLACE					•	VE; C	-	CATION — CH		20748
•	1 XBurial 2 Cremation 3 Re 4 Domation 6 Other (Specify)	moval from State	ARLI	lace)					RY		INGIO		
_	21 MIGHATURE OF FUNERAL SERVICE	LICENSEE	00					SS OF FA	CILITY IS FUN	IERΔT.	HOME:		
	Almm)	Mea	1			7474	LAN	DOVE	R ROA	D; LA	NDOVE		RYLAND
	23. PART i. Enter the diseases, o shock, or heart failure	r complications that b. List only one caus	caused the d	eeth. Do a.	not enter	the mo	de of dy	ing, suci	h aa cardii	c or reapl	ratory arres	it,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	. SEVERE	реврист	י ∨ס∩י	ለ ሮ ሞለ፤	OT TO	۰ ۸C	בשטפ.	TC				Onset and Death
	resulting in death)		OR AS A CONSE			JOLI	J AU.	LDOB.	10				
NO	Sequentially list conditions,	b. CARDIOG	ENIC SH		F):								
CERTIFICATION	if sny, lesding to immediata csuse. Enter UNDERLYING	0	on as a const	ODENCE C									
FE	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE O	F):								
CER	resulting in destin) EAST	d						_					
ICAL	PART II. Other significant conditi	ons contributing to	death but not	resulting	in tha ur	nderiyin	cause	given in	Part i.	24a. WAS AN PERFOR		AMA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
EDIC									-	1 YES 2	₩ но	OF	MPLETION OF CAUSE DEATH?
PHYSICIAN: MED									_			1 1	YES 2 X NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		ACE OF E	EATH (Ch	eck only one)			
IXSI	1 TYES 2 NO	1 1 Inpatient 2 -		3 DOA	4 🗆 Nur			esidence	6 Other		NJURY OCCU	IDED.	
ВУ Р	1 X Natural 5 Pending 2 Accident Investigation	(Month, De	y, Year)		JURY M	WC	PK?	□ NO	260. DESC	NIBE NOW I	NJOH! OCCU	HED	
	3 Suicide 6 Could not t 4 Homicide datermined		FINJURY A1 h	ome, farm,	street, fac	tory, offic	•			TION (Street (Town, State)	and Number of	Rural Route	Number,
COMPLETED	(Orbon only	/SICIAN: To the bast of a											d manner as stated.
B	296. BIGNATUTE AND TITLE OF CENTIL	ell .					29c. LIC	ENSE NUI	MBER				nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON JOHN P. MITCHELL			,	- 1						CAL CI	ENTER	
	31. DATE FILED (Month, Day, Year) JUN 20 '91		R'S SIGNATURE			VNDB.	FWS.	AFR]	MD 20	331-5	300		
_		7			_					_			

TO BE COMPLETED BY FUNERAL DIRECTOR 1.1.	THEODORE SOCIAL SECURITY NUMBER 241 16 4684 B. FACILITY NAME (If not institution, given and and and and and and and and and an	MCINTYRE 6. SEX 1 M 2 F e street and number) NTY CE GEORGES AVE 12. WAS DECEDENT EVERONCES? 1 YES, GIVE WAR OF COMPleted) College (1-4 or 5+) YRE	R IN U.S. ARMED ES 24 NO R DATES 16a. DECEDE (Glyo kirls. Do N	9b. CITY, 1 TEM S. CITY, TOWN OR IEMPLE 13. W II 1 (INT'S USUAL OCC d' of work done du Or use refred.) PORTER	DAYS HOURS MIN. DOWN OR LOCATION OF DEPLE HILLS LOCATION HILLS 101. ZIP CODE 20748 AS DECENDENT OF HISPA yee, specify Cuban, Maxicu YES 22 ND Specification of the control of the	JUNE 1 7. DATE OF BIRTH (Month, Dey, Year) 11/20/01 EATN NIC ORIGIN? (Specify War, Puerto Ricer, atc.)	1 1996 6 WI 9c. COUNTY PRINCE 10g. CITIZE UNITE UNITE 108 OF NO 14	BIRTNPLACE (Stete Country) LMINGTON OF DEATN GEORGES 10d. INSIDE LIMITS' 1 (X) YES: N OF WHAT COUNTIL D STATES Black, White, etc. Specify: BLACK
TO BE COMPLETED BY FUNERAL DIRECTOR	SOCIAL SECURITY NUMBER 241 16 4684 a. FACILITY NAME (If not institution, given as the content of the content	6. SEX 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 F 1 M 2 M 2 F 1 M 3 M 2 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 2 M 3 M 1 M 3 M 1 M 3 M	SE (In yrs. lest birth 85 Yi 85 Yi 100 Property 100 Prope	9b. CITY, 1 TEM S. CITY, TOWN OR IEMPLE 13. W II 1 (INT'S USUAL OCC d' of work done du Or use refred.) PORTER	DAYS HOURS MIN. DOWN OR LOCATION OF DEPLE HILLS LOCATION HILLS 101. ZIP CODE 20748 AS DECENDENT OF HISPA yee, specify Cuban, Maxicu YES 22 ND Specification of the control of the	7. DATE OF BIRTH (Month, Dey, Year) 11/20/01 EATN NIC ORIGIN? (Specify Year) In, Puerto Ricen, etc.) 16b. KIND OF BIRTH (First, Middle, Meide	90. COUNTY PRINCE 10g. CITIZEI UNITE BIRTAPLACE (Stete Country) LMINGTON OF DEATN GEORGES 10d. INSIDE LIMITS' 1 (X) YES 2 N OF WHAT COUNTIL D STATES Black, White, etc. Specify: BLACK	
TO BE COMPLETED BY FUNERAL DIRECTOR 1.1 1.1 1.1 1.1 1.1 1.1 1.1 1	241 16 4684 a. FACILITY NAME (If not institution, given as a constitution of the cons	1 M M 2 F P street and number) NTY CE GEORGES AVE 12. WAS DECEDENT EVE FORCES? 1 TY IF YES, GIVE WAR OF College (1-4 or 5 +) YRE	RR IN U.S. ARMED ES 24 NO R DATES 16a. DECEDE (Give kir. life. Do N	9b. CITY, 1 TEM S. CITY, TOWN OR IEMPLE 13. W II 1 (INT'S USUAL OCC d' of work done du Or use refred.) PORTER	DAYS HOURS MIN. DOWN OR LOCATION OF DEPLE HILLS LOCATION HILLS 101. ZIP CODE 20748 AS DECENDENT OF HISPA yee, specify Cuban, Maxicu YES 22 ND Specification of the control of the	(Month, Day, Year) 11/20/01 EATN NIC ORIGIN? (Specify Wan, Puerto Ricen, etc.) 16b. KIND OF BI RAILE	90. COUNTY PRINCE 10g. CITIZE UNITE 10g. CITIZE UNITE 10g. CITIZE UNITE ROAD	Country) LMINGTON OF DEATN GEORGES 10d. INSIDE LIMITS' 1 (X) YES N OF WHAT COUNTI ED STATES RACE — American Specify: BLACK
TO BE COMPLETED BY FUNERAL DIRECTOR	3423 24th AVE RESIDENCE OF DECEDENT De. STATE ARYLAND De. STREET AND NUMBER 3423 24th I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 16. DECEDENT'S E (Specify only highest gri Elamentary/Secondary (0-12) 12 7. FATNER'S NAME (First, Middle, Last) EDWARD Mc INT De. INFORMANT'S NAME (Type/Print) ERNEST WAGES De. METHOD OF DISPOSITION Burlat 2 Cremation 3 R Burlat 2 Cremation 3 R Donallon 5 Other (Specify)	AVE 12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF DUCATION add completed) College (1-4 or 5+) YRE	R IN U.S. ARMED ES 2 NO R DATES 16a. DECEDE (Give kir life. Do N	TEM COLVE, TOWN OR TEMPLE 13. WI If 1 (INT'S USUAL OCC of of work done du Offuse netherd.) PORTER	PLE HILLS LOCATION HILLS 101, ZIP CODE 20748 AS DECENDENT OF HISPAN 190, specify Cuban, Maxico YES 2X ND Specification Pring most of working	NIC ORIGIN? (Specify Vin, Puerto Ricen, etc.) 16b. KIND OF BI RAILE	PRINCE 10g. CITIZE UNITE UNITE UNITE USINESS/INDUS	TO STATES I. RACE — American Black, White, etc. Specify: BLACK
TO BE COMPLETED BY FUNERAL DIR	Da. STATE IARYLAND De. STREET AND NUMBER 3423 24th I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced Specify only highest on Elamentary/Secondary (0-12) 12 7. FATNER'S NAME (First, Middle, Last) EDWARD MC INT Da. INFORMANT'S NAME (Type/Print) ERNEST WAGES De. METHOO OF DISPOSITION Burlel 2 Cremetton 3 R	AVE 12. WAS DECEDENT EVE FORCES? 1 1 1 1 1 1 1 1 1 1	R IN U.S. ARMED ES 2 NO R DATES 16a. DECEDE (Give kir life. Do N	IS. WILL 13. WILL 15 INT'S USUAL OCC d of work done du Offuse melred.) PORTER	HILLS 101. ZIP CODE 20748 AS DECENDENT OF HISPAL yes, specify Cuban, Maxicu yes 2X ND Specific SUPATION ring most of working	nn, Puerto Ricen, etc.) y: 16b. KIND OF BI RAILI AME (First, Middle, Meide	UNITE DES OF NO 14 USINESS/INDUS	I (X) YES 2 N OF WHAT COUNTY TD STATES I. RACE — American Black, White, etc. Specify: BLACK
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170 BE COMPL 19 19 19	12 7. FATNER'S NAME (First, Middle, Last) EDWARD Mc INT De. INFORMANT'S NAME (Type/Print) ERNEST WAGES De. METHOD OF DISPOSITION String 2 Cremetton 3 R	YRE	19b. MA	PORTER		AME (First, Middle, Meide		
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OL 20	ERNEST WAGES De. METHOD OF DISPOSITION Burial 2 Cremetion 3 R Donalion 5 Other (Specify)	amoval from State.			**********	TH DAVIS		
20 1 -	Da. METHOD OF DISPOSITION Burlel 2 Cremation 3 R Donallon 5 Other (Specify)	amoval from State	1 40		Street and Number or Rural	Route Number, City or To	wn, State, Zip Co	ode)
4	☐ Donallon 5 ☐ Other (Specify) _	emovel from State.				MPLE HILLS		0748
		6/17	other place)	INCOLN (Nam	e of cemetery, cremetory or CEMETERY			y or Town, Stata
	- //// . 1		TORT D.		LEXANDER S		ENTWOOD RAL HOM	
	Mey D	. Tope of	•	26	17 PA AVE	SE WASH DO	200	20
RTIFICATION	sequentially list conditions, f sny, isading to immediate cause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUE TO (OR A	AS A CONSEQUENT AS A CONSEQUEN	CE OF):	Lornnu	w Rene	»«	
MEDICA	PART II. Other significant condit	ions contributing to deat	h but not resul	ting in the und	erlying cause given in	Part I. 24a, WAS A PERFC	IN AUTOPSY DRMED?	24b. WERE AUTOF MAILABLE P COMPLETION OF DEATH? 1 YES 2
NY Z	5. WAS CASE REFERRED TO MEDICAL	.			26. PLACE OF DEATH (C	heck only one)		
SICIAN	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/0	Outpatiant 3 🗆 D	OA 4 Nursi	ng Home 5 N Besidence	6 Other (Specify)		
ÀHd 27	7. MANNER OF DEATH	26a. DATE OF INJUI (Month, Day, Yes		TIME OF INJURY	Sc. INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
D BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not	28a PLACE OF INII	URY — Al home, 1	erm, street, factor	1 YES 2 NO	28f. LOCATION (Street	t and Number or	Rural Route Number,
ETE	4 Nomicide determined					City or Town, Stat	•/	
COMPLI	onel	YSICIAN: To the best of my ki						
Ö 21	96. SIGNATURE AND TITLE OF CERTI	FIER			29c. LICENSE NU	MBER	29d. DATE S	BIGNED (Month, Day,
0 30	lucing lot	ut & ka			01710	502	16/	14/51

h.

the detached for use as the burial-transit permit. Pages 1, 2, 3 should

FOR STATE OF MARYLAND / DEPARTN
REGISTRAR CERTIFIC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,									2. DATE OF D	EATH	1	WEAR	3. TIME DF DEATH
	BONALA 4. SOCIAL SECURITY NUMB		KN/	GHT 8. AGE (In yrs.	Inst histosimi	IE LIMP	ER 1 YEAR	IF UNDER	94 MBB	7, DATE OF BI	25 DAY	19	YEAR	9 CO P M
	218-32-5		1 M 2 F	o. AGE (III yis.	YRS.	MONTHS	_	HOURS	MIN.	Sept.]	Vear)	924	Country	
			treet and number)	60	2	9b. CIT	TY. TOWN	OR LOCATI	ON DE DE		10, 1		NTY OF DE	
DIRECTOR	FALLSTO	_	ENL	HOSP	TAL			AL						FORP
EG	10a. STATE	10b. COUNTY	1		10c. CIT	ry, TOWN	DR LOCA	TION						10d. INSIDE CITY
E I	Maryland	Han	rford		St	reet	_							1 YES 2
FUNERAL	100. STREET AND NUMBER	C 1 T	1				10	1. ZIP COD	74					HAT COUNTRY?
NE	1161 Priest	fora F							2115					States
	11. MARITAL STATUS 1 Never Married 2 🔀	Merried	12. WAS DECEDER FDRCES?	YES 2.	ND	13	If yes, sp	ecify Cube	n, Mexica	NIC DRIGIN? (Sp in, Puerto Rican,		or No—	14. RAGE Black	— American Indien, , White, etc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	MAR DR DATES			1 TYES	3 3/E/40	Specify	y:			Win	te
8		EDENT'S EDU		16a.	DECEDENT'S				na	16b. KING	OF BUS	NESS/INC	DUSTRY	
COMPLETED	Elemantery/Secondary (0		College (1-4 or 5	+)	Me. Do NOT	ise retired.	(.)	Das or Works	19					
MP	12		4		Pas	tor							1 Met	hodist
8	17. FATHER'S NAME (First, M							100		ME (First, Middle		lumame)		
BE	Don Mc									Thomps				
2	190. INFORMANT'S NAME (1		nt					end Numbe ford		Route Number, Co	eet.		211	5.1
	20e. METHOD OF DISPOSIT		10	20h. Pl.A	CE OF DISPO	SITION (Name of co	metery cree	malon, or				City or To	
	1) Buriel 2 Crematic	n 3 🗆 Rem	oval from State	_ Bel	Air I	Memo	rial	Gard	lens					aryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE /	1.	/			ND ADDRE		CILITY				
	Leffe	es f.	Low	elid	se	Н	larki	ns Fu	mer	al Home	e, In	ic. I	Delta	ı, PA
	23 PART I. Enter the d	pesses, or	complications the	t caused the	death. Do	not ent	er the m	ode of dy	lng, suc	ch as cardiac	or respir	atory ar	reat,	Approximate interval Between
	MMEDIATE CAUSE (FI		•			1	1				10	•		Onset and Death
	disease or condition resulting in death)	→	anten	osch	ate	CA	erdi	awa	uc	ulak	de	rea	re	
			DUE TO	(DR AS A CON	ISEQUENCE (OF):								
ON	Sequentially list condit		b	(OR AS A CON	SEQUENCE (OFI:								
AT	If any, leading to imme cause. Enter UNDERLY	ING												
CERTIFICATION	CAUSE (Disease or Injuthat Initiated events		DUE TO	(OR AS A CON	SEQUENCE (OF):								
ERI	resulting in death) LAS	T	d											
	PART II. Other significa	int condition	na contributing to	death but n	ot resulting	in the	underlyli	ng cause	given in	Pert i. 24a	. WAS AN	AUTOPSY	24b	WERE AUTOPSY FINDINGS
S									- 110000		PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL				_						— ½	AFR 5	□ NO		OF DEATH? 1 ☐ YES 2 MNO
-														1 120 194 110
IAN	25. WAS CASE REFERRED 1	O MEDICAL					26. F	PLACE OF	DEATH (C	heck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpetien	8 DOA	OTH 4 h		me 5 🗆 R	teeldence	6 Other (Sp	ecify)			
PHYSICIAN:	27. MANNER OF DEATH		28e. DATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF		JURY AT		28d. DEŞCRIE	BE HOW IP	NURY OC	CCURED	
BY	1 Netural 5 Accident	Pending Investigation	1.34			М	10	YES 2	□ ND					
	3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — A , etc. (Specify)	t home, ferm	, street, f	actory, offi	ce		26f. LOCATIO City or To	N (Street a wn, State)	nd Numbe	er or Runal I	Route Number,
COMPLETED		Outermined								l				
APL	CONDON DINY		SICIAN: To the best											
SO	2 /2) MED			examination and	Vor Investigat	tion, in m	y opinion,	death occi	ured at the	e tima, date end	place, en	d due to t	the cause(e) end manner ee stated.
BE (295. SIGNATORIE AND TITLE	OF CERTIFIE	10					29c. LIC	CENSE NU	MBER		29d. DA	TE SIGNED	(Mgnth, Day, Year)
TO E	Muran	4.00	yen, M	P	arma			1 2	10	1144	7.4		1/26	14/
-	30. NAME AND ADDRESS OF	J.	OLFER	SE OF DEATH	(LIEM 27) (Ty)	oe, Print)	20	13	Dal	Cinore	auce.	the!	Kan 21	034
	31. DATE FILED (Month, Day)	Year)	22. REGISTE	AR'S SIGNATUR	RE					-		17		-/
	JUN 219	ľ	guha Da	idson-13	notelle									

NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER.

TO BE COMPLETED BY FUNERAL DIRECTOR

FEH

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF D	EATH		3. TIME OF OEATH
SUSAN C.	Monsson				MONTH 7	6 6	1991	
SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI			21:10 P
212 50 1117	1 □ M 2 汉汉F	43 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, 09-13-		Count	
. FACILITY NAME (If not institution, give		73	9b. CITY, TOWN C	OR LOCATION OF O			DUNTY OF E	
365 BROAD STREE	ET		PER	RYVILLE			FCTI	COUNTY
ESIDENCE OF DECEDENT			111	CLCT A TENTE			ECTE	COUNTI
le. STATE 10b. COUN	TY	10c. CITY	, TOWN OR LOCAT	TION				10d. INSIDE CITY LIMITS?
MD	Cecil		Perry	ville				1 X YES 2 NO
e. STREET AND NUMBER			101	, ZIP CODE		16g.	CITIZEN OF	WHAT COUNTRY?
365 Broad S	treet			2190	3		US	
MARITAL STATUS Never Married 2 X Married Widowed 4 Otvorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, sp	ENDENT OF HISPA ecity Cuban, Mexico 2 X NO Speci	en, Puerto Ricen,		- 14. RAC Blac Spec	E — American Indian, ok, Whita, atc. ohy: White
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KINE	OF BUSINESS	INDUSTRY	WIIIC
(Specify only highest grad Elementary/Secondary (0-12)	completed)	(Give kind of w life. Do NOT us	vork done during mo e retired.)	st of working	120000			
GED		Clerk			New	spaper	Publ	lishing
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA				
Thomas Foar	d			Cleo C	Cloak			
a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	and Number or Flural		ty or Town, State	Zip Code)	
Mr. William W. M	lonsson	P. O.	Box 27	71, Perr	y Point	, MD	2190	02
le. METHOO OF DISPOSITION Buriel 2 X Cremetion 3 - Re		0b. PLACE AND DATE		(Name	OATE	20c. LOCATION	— City or T	own, State
□ Donation 5 □ Other (Specify)	mover from State	R. A. F	erris &	Co. Inc	7/8	West C	heste	er, PA
I. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22. NAME AI	ND ADORESS OF F	CILITY			
1. 1.00	XX -	a constant		iell-Smit e de Gr				
Sequentially list conditions, f any, leading to immediate sause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST	c	A CONSEQUENCE OF)		_		
	d							
Marie II Canada de III de la companya de III						WAS AN AUTOF	SY 24	
PART II. Other eignificant condition	one contributing to death	out not resulting I	in the underlyin	g cause given in		PERFORMED?		b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MEDICAL		out not resulting		g cause given in	_ 19	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	HOSPITAL:		26. P	LACE OF OEATH (C	heck only one)	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 X YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY	tpatient 3 DOA	26, P	LACE OF OEATH (C	heck only one)	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 12 YES 2 NO 7. MANNER OF DEATH 1 Netural 8 Pending	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	tpatient 3 DOA	26. P	LACE OF OEATH (C	heck only one) 8 Other (Spi 28d. DE\$CRIE	PERFORMED? YES 2 NO POSTAL	OCCUREO	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Y YES 2 1 NO 7. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year) 7 7-6-199 28a. PLACE OF INJURY	tipatient 3 DOA 29b. TIM INJ 08: 17 — At home, farm,	26. PI OTHER: 4 Nursing Hon HURY WY 4 1	LACE OF OEATH (Cons. 5 T Residence June 15 T R	heck only one) 8 □ Other (Spi 28d. DE\$CRIE SUBJE 28f. LOCATION	PERFORMED? YES 2 NO NOINT HE HOW INJURY CCT VIC	OCCUREO TIM O	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PROYES 2 NO F EXPLOSIO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not b detarmined 9a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1	tripatient 3 DOA 28b. TIM INJ O8: TY — At home, farm, HOME — A	26. PI OTHER: 4 Nursing Hon IURY W 4.45 1 street, factory, offic APARTMEN	LACE OF OEATH (Cons. 5 T Residence JUNE 17 AT JUNE 17 A	heck only one) 8 Other (Spi 28d. DESCRIE SUBJE 28f. LOCATIO City or 56 365 E	PERFORMED? BYES 2 NO NON E HOW INJURY CCT VIC N (Street and Numary NO, State) FROAD S and manner as	OCCUREO TIM O There or Rural T.PER stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PROFES 2 NO F EXPLOSIO Route Number, RYVILLE, MD
1 YES 2 NO 7. MANNER OF DEATH 1 Natural 8 Pending Investigation 3 Suicide 8 Could not b detarmined 9a. CERTIFIER (Check only 1 CERTIFYING PHY	HOSPITAL: 1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year, 7-6-199 28a. PLACE OF INJURY building, atc. (Sr. /SICIAN: To the best of my known of the best of axaminst	tripatient 3 DOA 28b. TIM INJ O8: TY — At home, farm, HOME — A	26. PI OTHER: 4 Nursing Hon IURY W 4.45 1 street, factory, offic APARTMEN	LACE OF OEATH (Cons. 5 T Residence JUNE 17 AT JUNE 17 A	heck only one) 8 Other (Spi 28d. DE\$CRIE SUBJE 28f. LOCATIO City or To, 365 E e to the cause(e) e time, data and	PERFORMED? EYES 2 NO NOTE: N	OCCUREO TIM O mber or Rural T . PER stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PROFES 2 NO F EXPLOSIO Route Number, RYVILLE, MD
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BALTIMORE, MARYLAND 21203-3146

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH June 19 " 1991AR HATTTE MCARTIS 9:00 P.M. 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 TF 577-40-8179 16 Oct 1907 Washington DC 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR BRITTON'S HOME Takoma Park. Montgomery 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Washington, D. C. TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1209 T Street. 20001 Northwest 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. BACE — American Indian, Black, White, atc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 TINO Specify: Specify: BY Black COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi Elementary/Secondary (0-12) College (1-4 or 5+) Housekeeper Federal Government 12th Crade 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Peter Jones Rose Ward BE 20902 19a. INFORMANT'S NAME (Type/Print) 2 1135 University Blvd West, Silver Spring, Md Charles McArtis, Grandson 20a. METHOD OF DISPOSITION
1 XBurial 2 Cremation 3 Removal from \$ 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Suitland, Maryland Lincoln Memorial Cemetery 4 Doneston 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY 16 Kennedy Street, NW 21. SIGNATURE OF FUNERAL SERVICE LICENSI JOHNSON & JENKINS., Inc, D. C. 20011 23. PART Is Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest. shock, or heart failure. List only one cause on each line. Mixeds IMMEDIATE CAUSE (Finel disesse or condition S. ACUTE MYOCARDIAL INFARCTION

DUE TO (OR AS A CONSEQUENCE OF): resulting in death) ORONARY ARTERY CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate cause. Enter UNDERLYING · HYPERTENGIUE ARTERIOSCLEROTIC HEART DISEASE CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE FAILURE 1 TES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 Dil Nursing Homa 8 - Residence 6 - Other (Specify) 1 | Inpetient 2 | ER/Oulpetient 3 | DOA 27. MANNER OF DEATH 28a, DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 98 6.19.91 M 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY - Al home, farm, street, factory, office 3 Suicide 28f. LOCATION (Street and Number or Flural Route Number, City or Town, State) 8 Could not ba COMPLETED 4 Homicide nome at 29a. CERTIFIER 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

5679

31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATURE gune waydon-yandell

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

miple A.

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29d, DATE SIGNED (Month, Day, Year)

27.9

MARYLAND 21215-0020

BALTIMORE

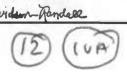
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 hours after death. Page 6 may increased in the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	RUSSELL	FRANK N	MTLLE	R				MONT	OF DEATH DO		YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDER t	YEAR	IF UNDER	R 24 HRS.		OF BIRTH	199	~	8:08 ** HPLACE (State or Foreign
215-38-7523	1-2 M 2 F	79	YRS.		DAYS	HOURS	MIN.	(Monti	12 19	12	Coun	(ry)
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NATIONAL NAVAL M	EDICAL CE	TMTED				ETHE:				M	ONTEC	OMERY
RESIDENCE OF DECEDENT		MILK					SUA			1/1	ONIG	OMEKI
10e. STATE 10b. COUN	ry		10c, CI	TY, TOWN OR	R LOCAT	TION						10d. INSIDE CITY LIMITS?
	CE GEORGE	S'S		HYA	_	SVIL				_		1 YES 2 NO
10e. STREET AND NUMBER					101	. ZIP COD				10g. CI1	rizen of	WHAT COUNTRY?
4905 70th PLAC							784					D STATES
11. MARITAL STATUS 1 Never Married 2 Married		1 X YES 2		If	yes, sp	ecify Cubi	en, Mexico	n, Puerto	N? (Specify Yes Rican, etc.)	s or No-	Bia	CE American Indien, ck, White, etc.
3 Wildowed 4 Divorced		- 1958		1	☐ YES	2 (Z) NO	Specif	y:			Spe	WHITE
15. DECEDENT'S ED	UCATION	16a, I	DECEDENT'S	USUAL OC	CUPATIO	ON		168	. KIND OF BU	SINESS/IN	DUSTRY	WILLIE
(Specify only highest grad Elementary/Secondary (0-12)	college (1-4 or 5		(Give kind of life. Do NOT u	work done du ise retired.)	uring mo	at of worki	ing					
12			J. S.	NAVY					DEFE	NSE		
17. FATNER'S NAME (First, Middle, Last)						18. MOT	THER'S NA	ME (First,	Middle, Maiden	110.00		
FRANK	MILLER						DEI	LIA F	ROLAND			
19e. INFORMANT'S NAME (Type/Print)			19b. MAILIN	O ADDRESS	(Street a	and Numbe	or Rural	Route Num	ber, City or Tow	rn, State, Z	ip Code)	
NAOMI E. MILLER		. 10.0	4905	70th	PLA	ACE,	HYA	TTSV]	ILLE, I	MD 20	0784	
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4 Donation 5 Other (Specify)	11	/ Nd.	\$tate						-91 Ch	elte	enhar	n, Md.
21. SIGNATURE OF/FUNERAL SERVICE L	TOENSES.	111	6				ESS OF FA	CILITY				
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after death. Page 5 may be required to the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the transfer of the notified at once. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

(Courtne	ey Moone	у					MONTH		5	YEAR Q1	1:06 PM M
4. SOCIAL SECURITY NUM		5. SEX	8. AGE (In yrs. Is	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DATE 0	F BIRTH	8.	BIRTH	PLACE (State or Foreign
579-52-249	3	1 M 2 F	86	YRS.	MONTHS	DAYS	HOURS MIN.		Dey, Year) 29-04		Country	vland
9a. FACILITY NAME (If not	institution, give	atreet and number)			9b. CITY,	TOWN C	OR LOCATION OF DE			9c. COUNTY	Y OF DE	EATH
Greenbelt		ng Home			Gr	een	belt			Pr.	Ge	eorge's
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11. MARITAL STATUS	erwood	12. WAS DECEDER	T EVER IN II S. A	DMEN	T 12 W	MS DEC	ENDENT OF HISPAI	AIC OBIGINS	/Specify Ves			— American Indien.
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12th		2yrs		Ceach	er					tary S	Scho	001
17. FATHER'S NAME (First,	Middle, Last)						18. MOTHER'S NA			Surname)		
Milton H		ourtney					Rosal					
om informants name	(Type/Print)					1.00	and Number or Rural				-	
							n Rd., C					
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and the property of	/ /	77	//				s Gasch'		s Fun	eral F	Home	e. PA
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i examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
the funeral director, page 5 should be detached for use as the burial-traval.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	
er death. Page 6 may be retained by the hospital or attending physicial	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	-
BALTIMORE, MARYLAND 21203-3146	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	U

	FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.								
į	1. DECEDENT'S NAME (First, Middle, Last)	Ma II			2. DATE OF DEATH DA	Y YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 5. SEX 8.	AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTH	91	BIRTHPLACE (State or Foreign		
OR	504-26-2657 1 M ≥ □ F		MONTHS DAY		(Month, Dev. Year)	0	sshington, D.C.		
	9a. FACILITY NAME (if not institution, give street and number)	33	9b. CITY, TOW	N OR LOCATION OF DEA		9c. COUNTY			
	2900 St Clair Dr #318		Penple Hells			Pg			
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c CITY	TOWN OR LO	7			10d. INSIDE CITY		
E	Maryland Prince Georges		emple				LIMITS?		
AL.	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?		A		
BY FUNERAL DIRECTOR	2900 St. Clair Dr. #318			20748		U.S.A			
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EN FORCES 1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	YES 2 NO OR DATES	II yes,	DECENOENT OF HISPANIC specify Cuban, Maxican, (ES 2 1 NO Specify:			RACE — American Indian, Black, Whita, etc. Specify: White		
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BUS	I I I I I I I I I I I I I I I I I I I	RY		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	1 .		most of working					
MPL	12	service	man		U.S. Air	Force			
00	17. FATHER'S NAME (First, Middle, Last)				E (First, Middle, Maiden	Surname)			
BE	Francis M. Mudd				. Miles	07.0			
2	Gerda Mudd			et and Number or Rural Ro			, MD. 20748		
	20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOS	ITION (Name of	cemetery, cremetory or		CATION - City			
	1X_XBurial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Arlington			6/19/91	Arling	ton. VA.		
-	21. SIGNATURE OF FUNERAL SERVICE LICENTIFE			AND ADDRESS OF FACE	LITY				
	Dura 1 Techa	ch	Rober	rt E. Wilhe			itland Rd. d. MD. 20746		
NC	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiretory strest, shock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Separately list acadities. DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	lequentially list conditions, and some substituting to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events secuting in death) LAST								
	PART il. Other eignificent conditions contributing to de	ath but not resulting i	n the underl	ying cause given in P	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO		
BY PHYSICIAN: MEDICAL	Severe Depression				1 YES 2	No	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL EVALUATION OF DEATH (Check only one)								
	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Inputient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Dey, Year) 289. DATE OF INJURY (Month, Dey, Year) 280. LIME OF INJURY AT WORK? 1 YES 2 NO 280. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO								
	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28e. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to tha cause(a) and manner as stated.								
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/7/62								
۴	LINDA Whithy MD 9536 CRAIN Huy Upfer MARIBURO MD 2077Z								
JUN 18 91 June Davidson-Randage									

3. TIME OF GEATH

6.10PM

8. BIRTNPLACE (State or Foreign

Virginia

10e. STREET AND NUMBER

1 Never Married 2 X Married

Elementary/Secondary (0-12)

19s. INFORMANT'S NAME (Type/Print)

3 Widowed 4 Divorced

11. MARITAL STATUS

4304 Rail Street

DIRECTOR

FUNERAL

BY

COMPLETED

BE notified a

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Once.

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marked,

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

29b.

in and completely filled in by the to burial, cremation, or removal.

within

psecuted

10d. INSIDE CITY 1 YES 2 X NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?

REG. NO.

20743 United States 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 YES 2 NO Specify: Specify:

18. MOTHER'S NAME (First, Middle, Maiden Surname)

Black

Approximate

16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Retired

Government Employee

	2	Years	
17. FATHER'S NAME (First, Middle, Last)			
Eli McPherso	n		

15. DECEDENT'S EDUCATION (Specify only highest grade completed)

Annie (Unknown) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

4304 Rail St., Capitol Hqts., Ella McPherson 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20s. METHOD OF OISPOSITION
1 K Burisi 2 Cremetion 3 Removal from State Ft. Lincoln Cemetery 4 Donation 5 Other (Specify)

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 100 IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

20c. LOCATION — City or Town, State Brentwood,

7. 3		V V		67	G L	CENSEE		_	_		
		DIS	n		k.	O	011	MUCH	LI	Π .	
23.	PART	. Enter				complicati					-

22 NAME AND ADDRESS OF FACILITY
Stewart Funeral Home 4001 Benning Road, N.E. Wash. D.C. Do not enter the mode of dying, such as cardiac or reapiratory arrest,

MMEDIATE CAUSE (Finel	ire. Liet Drily Oris Ca	ouse on esch line.	Onset and Death
disease or condition resulting in death)	Ca	Ni o pulmonary arest	
	DUE TO	O (OR AS A CONSEQUENCE OF):	
Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. OUE TO	o for as a consequence of:	
that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSEQUENCE OF):	

DOL	10 (011)	AS A CONSE	DOENCE OF).		

PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. Common Arter Disease Diabets Melle Ges Manaca Col Commune	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 ANO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2
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25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 THO

27. MANNER OF DEATN 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending Investigation М 1 YES 2 NO

26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Nomicide

29s. CERTIFIER 1 DESTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, dats and place, and due to the cause(s) and menner as stated.

2	recognition, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mention					
SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)				
S.T.Y.	D7793 Y	b 6/15/91				

		15	and the same of th	/			
30. NAME ANO	AOORESS	OF PERSON	WNO COMPL	ETEO CAUSE (OF DEATN	(ITEM 27) (Type, Print)
	personal distribution of the second						-

5. Trifoglio, MD	7500 Croenway	Center &	Green seet 102079	0
				-

funeral director, page 5 should be detached for

1	-	STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR			CEF	RTIFIC	CATE OF	DEATH		REG. NO.			
1. DE	ECEDENT'S NAME (First, I	Middle, Last)						2. DATE O	OF DEATH DA		EAR	3. TIME OF DEATH
	CLAREN	CE	MART	in .				6	-		/	12.38 A
	340–05–166		5. SEX 1 M 2 F	6. AGE (In yrs. lest b		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		DE BIRTH Day, Year)		Country	CACE (State or Foreign
Sa. F	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Prince George										ATH	
10e.	SIDENCE OF DECI	10b. COUNT	ince Geo			TOWN OR LOCAL	ION					10d. INSIDE CITY LIMITS? 1 YES XX NO
10e.	STREET AND NUMBER			.9 1			. ZIP CODE				OF WI	HAT COUNTRY?
10	9001 Anna Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced			YES 2 NO		If yes, sp	20735 ENDENT OF HISPAI actly Cuban, Mexica 2XXNO Specific	an, Puerto R			SA RACE Black, Specify	- American Indian, White, atc.
COMPLETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 4 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Electrical Engineer					16b.		siness/indus		k Corp.		
<u> </u>	ather's Name (First, Mic Herman Mar	tin					18. MOTHER'S NA	entz				
0 ""	INFORMANT'S NAME (7/4) Lee Martin			19b. (e as 10	and Number or Rural	Route Numb	er, City or Town	n, State, Zip Co	de)	
20a.	20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or Other place) 20c. METHOD OF DISPOSITION (Name of cemetery, cremetory or company)								20c. LOCATION — City or Town, State OShkosh, Wi.			
	HIGHATURE OF FUNERAL	SERVICE LI	CENSEE -	Lake	view	22. NAME AI 6633	on, Md: 2	kande				e,Inc.
IMA	PART I. Enter the dis shock, or he MEDIATE CAUSE (Fine sees or condition uiting in death)	art fallure.	List only one car	it caused the deat use on each line. Monaci OR AS A CONSEQU	ng c	Embot	1	ch ss card	lac or respi	ratory arres	λ,	Approximate interval Betwee Onset and Des
if a cau CAI tha	quentially list condition, leading to immediate. Enter UNDERLYINUSE (Disease or injurt initiated events uiting in death) LAST	late iG y	b. Co	OR AS A CONSEQU	JENCE OF)	romb.	ses)					
PAF	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Chronic Kenal in Stofficeers,						Part I.	PERFORMED?		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
	MAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	☐ ER/Outpatient 3 ☐		OTHER:	LACE OF DEATH (CI		,			
2	Accident	ending restigation could not be	28s. PLACE	Dey, Year) DF INJURY — At home	28b. TIME INJU	M 1 .	URY AT ORK? YES 2 ND	28f. LOCA	ATION (Street a	NJURY OCCU!		oute Number,
29a.	CERTIFIER (Check only	FYING PHYS	ICIAN: To the best of		vestigation	, in my opinion, o	leath occured at the 29c. LICENSE NU	a to the cau e time, date	and place, en	nner as stated. Indicate to the c	HGNED	and manner as stated. (Month, Day, Year)
30. 1	CARY DATE FILED (North, Day,)	W. Jo	mes 1	ISE OF DEATH (ITEM	27) (Type,) - K	Print) WX 38.	D301	11 rel	Ma	0. 20	73	-91 15

THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within ZA-nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. It has filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burlal, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem. 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO.			
	1. OECEDENT'S NAME (First, Middle, Last) OEBARI Margo	ver				2. DATE OF DEATH DAY	YEAR 91	3. TIME OF GEATH 2205 M	
	4. SOCIAL SECURITY NUMBER 5. 5. 5. 5. 1	SEX 8. AGE (I		F UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) /-44-06	Count	HPLACE (State or Foreign ry) nington DC	
TOR	9e. FACILITY NAME (If not institution, give street a ELAND MEMORIA RESIDENCE OF DECEMENT	nd number)	ál	St. CITY, TOWN O	R LOCATION OF DE	ATH CO	P.C.		
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 4922 Lasalk	20		101	20782	2		WHAT COUNTRY? ED STATES	
ВУ	1 Never Married 2 Married	Was decedent ever in Forces? 1 \(\sum \) yes If yes, give war or da	2 NO	If yes, spi		IIC ORIGIN? (Specify Yes on, Puerto Rican, etc.)		E — American Indian, k, White, atc.	
COMPLETED	1s. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Co	N leted) Illege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMAI	ork done during mo retired.)	N st of working	OWN HOL			
O	17. FATHER'S NAME (First, Middle, Last)		HOHERE	, LLIK	18. MOTHER'S NA	ME (First, Middle, Malden Su			
BE C	ANTONIO SESSO				ANGELI	INA I	N/A		
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town,			
F	EUGENE M. DeBari		6502	Osborn E	Rd. hyatt	sville Md 2	20784	Tig/Ja	
	20e. METHOD OF DISPOSITION 1 Buriel 2 by Cremetion 3 Removel (4 Donetion 5 Other (Specify)	from State	other place) For	t Lincol	n Cremat	ory Brents	wood Ma:	ryland	
	21. SIGNATURE OF THE HALL AND LICENSE	Specie				Fort Ling Rd. Bren			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	SILE TO LOR AS A	CONSEQUENCE OF	Rus	Kery	- des	dissie		
MEDICAL	PART II. Other significent/conditions co	is Oli	ut not resulting in		g cause given in	Part I. 24e. WAS AN AI PERFORM 1 YES 2	ED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	`			ACE OF DEATH (Ch	eck only one)			
YSIC		SPITAL: Inpetient 2 ER/Outp		OTHER: 4 - Nursing Hom	e 5 🗆 Residence	6 Other (Specify)			
ВУ РН	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 .	RK? /ES 2 NO	28d. DEŞCRIBE HOW INJ	URY OCCURED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, st	reet, factory, offic		281. LOCATION (Street and City or Town, State)	d Number or Rural	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN 2 MEDICAL EXAMINER: Or					to the cause(a) and manne time, data and place, and		e) and manner as stated.	
TO BE	306-SIGNATURE AND TITLE OF CERTIFIES	ses,	no		DE3	MBER 3	DATE SIGNE	2/9/	
	38. HAME AND ADDRESS OF PERSON WHO CO	A Z1	P	P1 4	aun	hingol	Die	Zory Ho	
	JUN 24 '91	32. REGISTRAR'S SIGN	ATURE VICEN-Rand	معد			They	1- 21768	

	REGISTRAR		CERTIFIC	CATE O	F DEATH	REG.		1
	1. DECEDENT'S NAME (First, Middle, Last)	-10				2. DATE OF DEAT	19 9	3. TIME OF DEATH
	Washington, Myr 4. Social Security Number 298-12-0371	5. SEX Y 6. AC		IF UNDER 1 YEAR		7. DATE OF BIRTH	1 0.	BIRTHPLACE (State or Forel Country) Alabama
R	9a. FACILITY NAME (If not institution, give				N DR LOCATION OF D	DEATH		of DEATH
RECTOR	Montgomery, Ger RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			TOWN OR LO		-	[HOHE]	10d. INSIDE CITY
ā	Maryland Mont	gomery		Silve	Spring 107. ZIP CODE		10g. CITIZEI	1 TYES 2 N
NERAL	13826 Turnmore I				20906		U.S	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YOUR SERVE WAR OF	ES 2 NO	If yes,	SPECENDENT OF HISP/ specify Cuban, Mexic SPECE 2 NO Spece	can, Puerto Rican, etc	y Yes or No 14	Black, White, etc. Specific Lack
LETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S U (Give Idnd of wo life. Do NOT use	rk done during retired.)	ATION most of working		BUSINESS/INDUS	THY
COMPL	17. FATHER'S NAME (First, Middle, Last)	4	House	wile	16. MOTHER'S N	IAME (First, Middle, Mi	own Home	100
BEO	Charles Cunn	ingham				rietta T		
2	Dr. William Was	shington			ot and Number or Rura			MD., 20906
	20a. METHOD OF DISPOSITION 1 Survival 2 Cremetion 3 Rer 4 Donation 5 Other (Specify)	noval from State	20b. PLACE OF DISPOSIT other place) Fort Line				Brentwoo	y or Town, State d, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	censee	M00853	Fo	rt Lincol	n Funera		Inc. twood, MD.
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause of						it, Approximat Interval Bet Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF):					
MEDICAL	PART II. Other significant condition	s sion g	h but not resulting in		ring cause given i	PE	S AN AUTOPSY RFORMED? ES 2 NO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C		Α.	
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF INJUI (Month, Day, Yes	RY 28b. TIME	OF 28c.	INJURY AT WORK?		OW INJURY OCCU	RED
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, str Specify)			281. LOCATION (S City or Town,		Rural Route Number,
COMPLET	and and	SICIAN: To the best of my lo						
E CC	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE N	Illinois -	-	SIGNED (Month, Day, Yber)
<u>a</u>		W			1 3-61	2 / 2		1 P - 0 F

32. REGISTRAR'S BIGNATURE
Julia Davidson-Randasa

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	=
ral.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	٥
he funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive	-
or death. Page 6 may be retained by the hos	TO THE HOPPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hos	7
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	1

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPARTM	MENT OF HEALTH		AL HYGIENE REG. NO.	9	1 1903
1. DECEDENT'S NAME (First, Stanley A					E OF DEATH TH DAY	YEAR 1991	3. TIME OF DEATH 9:38 am
4. SOCIAL SECURITY NUMB 474 01 9149	1 🔀 M 2 🗆 F	87 YRS. MON	NTHS DAYS HOURS	MIN. (Morit		Countr	necticut
Collington RESIDENCE OF DEC		Care Communi		rion of death		ince (Georges
Maryland	Prince Georges		nellville		LO		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 10450 Lotts			101. ZIP COD	20716	25.4		NHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo	I IF YES, GIVE WAR O	YES 2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	oen, Mexicen, Puerto		14. RACE Black Speci	E American Indian, k, White, atc. #y: White
	EEDENT'S EDUCATION by highest grade completed) 3-12) College (1-4 or 8 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of work	iding 161	b. KIND OF BUSINESS	MINDUSTRY	
Elementary/Secondary (U	4	Controlle			Federal		ee
17. FATHER'S NAME (First, Mi				ther's NAME (First, manda Ran	Middle, Meiden Surner	ne)	
190. INFORMANT'S NAME (7)		19b. MAILING AD	DRESS (Street and Number			a. Zio Code)	
Eleanor H.	**		ottsford R				and 20716
20a. METHOD OF DISPOSITI 1 % Burial 2 Crematio 4 Donation 5 Other	on 3 - Removal from State	20b. PLACE OF DISPOSITION other place) Sacred Hear	on (Name of cometary, cre	emetory or Cemetery	20c. LOCATIO		own, State
21. SIGNATURE OF FUNERAL	E. Evans	Pres.		ans Fune	ral Home,	P.A.	Land 20715
IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list condition in the cause. Enter UNDERLY CAUSE (Disease or injuthet initiated events resulting in death) LAS	DUE TO (OR DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	ha				Interval Between Onset and De Corys
PART II. Other algnifice	ent conditions contributing to dee	th but not resulting in the	he underlying cause	given in Part i.	24s. WAS AN AUTO PERFORMED? 1 YES 2		D. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO	O MEDICAL		25. PLACE OF	DEATH (Check only o	one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/		THEB				
27. MANNER OF DEATH 1 Notural 5	28e, DATE OF INJL (Month, Day, Ye	URY 28b. TIME OI	F 28c, INJURY AT	28d. DE	ESCRIBE HOW INJURY	OCCURED	
3 Suicide 6	Could not be determined 28e. PLACE OF IN. building, etc.	JURY — At home, farm, stree (Specify)		281. LO	CATION (Street and Nury or Town, State)	imber or Rural i	Route Number,
Corrock only	TIFYING PHYSICIAN: To the best of my i						e) and manner as stated
296. SIGNATURE AND TITLE	halen)	1	SENSE NUMBER	29d.	DATE SIGNED	(Mofith, Day, Year)
	PERSON WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type, Print)	CABBALL	AY CT	e DR	CASE.	MRELTA
JUN 28 91	Sun a Davidson	SIGNATURE				-	-

BOX 13146,	MDING PHYSICIAN: The law requires that the death certificate be executed within
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ION OF VITAL RECORDS, P.O.	requires
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	1. DECEDENT'S, NAME (First, Middle, Last)					2. DATE OF DEATH	AY # Y	3. TIME OF DEATH		
		is A. Maier				6/2	9/9	1 459 PM		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YE	-	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
	578-10-0694	□ M 2 🖫 F	82 YAS.	MONTHS DA	HOOMS MIN.		1 80	/irginia		
_	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF O	EATH /		Y OF DEATH		
6	MERIDINA R	ehabilitatio	on Center	Si	lver Sprin	g	Moi	NEGONERAL		
EC	10a. STATE 10b. COUNT	ΓY	10c. Cf	TY, TOWN OR L	OCATION			10d. INSIDE CITY		
DIRECTOR	MOIM	CONTROL	EVI	Roc	kville			1 1 THES 2 NO		
AL	10e. STREET AND NUMBER	0			101. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
ER	199 Rollin	S AVE			20852		1	JSA		
FUNERAL	11. MARITAL STATUS	12. WAS OECEDENT EVER FORCES? 1 YE		13. WAS	DECENDENT OF HISPAI	NIC ORIGIN? (Specify Years, Puerto Ricen, etc.)	8 or No- 14	I. RACE — American Indian, Black, While, etc.		
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			YES 2 NO Specif			Specify:		
	15. OECEDENT'S EDI	ICATION	16a. DECEDENT	R LISUAL OCCU	PATION	16b. KINO OF BU	CINESS/INDIES	White		
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	le completed)		work done durin	g most of working	Top. Kille of Bo	311L33/11D03	·		
PL	12	College (1-4 or 5+)	Beaut	ician		Beaut	y Shor			
OM	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	-			
ш	Charles H.	Simmons			Ann	ie E. Jord	lan			
m	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (St	reet and Number or Rural	Route Number, City or Tov	vn, State, Zip C	ode)		
5	Jacqueline A. O'	Brien	3004	Kingsw	ell Drive,	Silver Sp	ring,	MD 20902		
	20a. METHOD OF DISPOSITION 1 N Buriel 2 □ Cremation 3 □ Ren	novel from State	other piece)	SITION (Name o	of cometery, crematory or	20c. LC	OCATION — CII	y or Town, State		
	4 Donation 5 Other (Specify)	NOVEL HOLL STATE		n Natio	onal Cemet	ery Arl	ingtor	n, Virginia		
	21. SUMATURE OF FUNERAL SERVICE L	ICENSEE		22. NAM	E AND ADDRESS OF FA	Robert	A. Pun	phrey Funeral		
- 1	* Mucheles	1. Killi	5 M0034		e/Rockvill kville, Ma			Montgomery Av		
	23. PART I. Enter the diseeses, or	complications that caus	ed the death. Do	NOC.						
	ahock, or heart fellure. IMMEDIATE CAUSE (Finel	. List only one cause on	each line.					Interval Between Onset and Death		
	disease or condition	Pulmon	uy fo	iture				3 houth		
	resulting in death)	OUE TO (OR AS	A CONSEQUENCE	OF):						
z		a Enphase	A CONSEQUENCE					Year 5		
CATION	Sequentially list conditions, if any, leading to immediate				·					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	a Showing	cifuptle	7	·					
RTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
CEH		d								
	PART II. Other significant condition			in the under	iying cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
DICAL	Reur centr	a vacanton a	with			1 [] YES		COMPLETION OF CAUSE OF DEATH?		
MEC								1 YES 2 NO		
_										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH (C	heck only one)				
YSI	1 - YES 2 5 NO	1 Inpetient 2 ER/O	utpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Residence	6 Other (Specify)				
РНУ	27. MANNER OF OEATH	28a. OATE OF INJUR (Month, Day, Year		JURY	L INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	REO		
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	YES 2 NO					
60	3 Suicide 6 Could not be	26s. PLACE OF INJU building, atc. (S		, street, factory,	office	26f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,		
a										
4		SICIAN: To the best of my kn	owledge, death occu	rred at the time,	date and place, and du	a to the cause(s) and mi	nner as ateted			
COMPL	one) 2 MEDICAL EXAMIN	IER: On the basis of examina	tion and/or investigat	tion, in my opini	on, death occured at the	ilme, data and place, a	nd due to the	cause(s) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIE	ER			29c. LICENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)		
TO B	Higher Ju	hum I ha	attalu	1 has	D6/	193	Ju	ne 29, 1991		
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	, ,,,,,							
	Sidney J-	Cohen, MD	1210	onthe	sional La	me, Rock	wille,	KD 20152		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI				,				
	JUL 2 9!	Juna vary	acourt fance	SK-a						

TO BE COMPLETED BY FUNERAL DIRECTOR

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m S	tor.	18n
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death	fune	ХЭП
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 70 hours after death with the State Deat, of Health and Mentral Horliese notor to huital committing or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF M	IARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CE	RTIFICATE	OF	DEAT	H		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEAD		MENTAI	HYGIENE REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)		<u> </u>	ALE OF DE		2. DATE	OF DEATH		3. T/A	AE OF DEATH	
	n T MaChana				MONTH	H DAY		EAR		м
4. SOCIAL SECURITY NUMBER	n J. McCross		UNDER 1 YEAR	UNDER 24 HRS.		Ly 1, 1			: 15A (State or Foreig	7
217-28-8085	1 X M 2 D F 70	OO YRS. MO	HTHS DAYS HO	URS MIN.	Feb.	22,18		Country) Maryla		
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LO	OCATION OF DE		22/10	9c. COUNTY	- 4	1110	
Shady Grove Adve	entist Nursin	g Center	Ro	ockvill	le		Mon	tgomer	cy.	
RESIDENCE OF DECEDENT 100. STATE 100. COUNT	•	to- orth	OWN OR LOCATION					Lan		
		10c. Crry, 1						- 1	NSIDE CITY JMITS?	
Maryland 100. STREET AND NUMBER	Montgomery		Poton						YES 2 NO	
			101. ZIP				10g. CITIZEN	OF WHAT C	OUNTRY?	
10421 Boswell Lar				20854			United			
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR C	2 X NO		ENT OF HISPAT Cuben, Mexica (NO Specify	in, Puerto F		or No- 14.	Black, White Specify: Whit		
15. DECEDENT'S EDU		16a. DECEDENT'S US			15b.	KIND OF BUSI	NESS/INOUS	TRY		
(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use re	k done during most of stired.)	working						
12	-	Bas	rber			Barber	Shop			
17. FATHER'S NAME (First, Middle, Lest)			18.	MOTHER'S NA		Middle, Maiden S	-			
Vernon W.	McCrossin			An	nnie	Kelly				
19e. INFORMANT'S NAME (Type/Print)		19b, MAILING AD	ODRESS (Street and N			-	State, Zip Co	de)		
James H. Fling		10510 1	Boswell I	lane. F	otom	ac. Ma	rvland	208	354	
200. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ON (Name of cemeter)	y, cremetory or.		20c. LOC	ATION — City			-
XXBuriel 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)	noval from State	rnestown 1	Presbyter	cian Ca	nurch	ru Dar				
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AND A	DDRESS OF FA	CILITY D	obort	A Dun	vii, Mo	Tunanu	-1
- Michalas	9 Vitta	M00348	Home/Roc Rockvill	ckaille	e, In	c., 300	D W. N	iontgo	mery A	ve.
23. PART I. Enter the diseases, or	complications that cause	d the death. Do not							Approximats	
shock, or heart failure.	List only ons cause on e	each line.		-,,			,		interval Betw	
IMMEDIATE CAUSE (Final disease or condition	40	2 Pain	ero de	1	0				Onset and D	Mil
resulting in death)	8.	A CONSEQUENCE OF:	ero in	sea	al				22 42	Ris
	DOE TO (OR 85	A CONSEQUENCE OF):								
Sequentially list conditions,	b. DUF TO (OR AS	A CONSEQUENCE OF:								
if any, leading to immediate cause. Enter UNDERLYING		n concedence or j.						i		
CAUSE (Disesse or injury that initiated events	c. DUE TO (OR AS	A CONSEQUENCE OF):						-		
resulting in desth) LAST										
	d							-+		_
PART II. Other significant condition	ns contributing to death i	but not resulting in t	the underlying cs	use given in	Part I.	24a. WAS AN A PERFORM			AUTOPSY FINDI	4GS
						1 TYES 2		COMP	ABLE PRIOR TO LETION OF CAUS	E
						10,120 2,	- NO		YES 2 NO	
								'	123 2 NO	
25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Ch	eck only or	nel				_
EXAMINER?	HOSPITAL:	0	тнея:							
27. MANNER OF DEATH	1 Inpetient 2 ER/Out	28b. TIME C	Nursing Home 5		4		HIPW OCCUR			
1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WORK?		280. UES	SCRIBE HOW IN	JUHY OCCUR	EO		
2 Accident Investigation	200 PLACE OF IN HIE	Y — At home, ferm, stre		2 NO						
3 Suicide 8 Could not be 4 Homicide determined	building, etc. (Spe	ecify)	et, factory, office		City	ATION (Street ar or Town, State)	d Number or	Hurai Houte N	lumber,	
29a. CERTIFIER										
(Check only	BICIAN: To the best of my know ER: On the beste of examination							eusefe) and :	manner es state	d
296. SIGNATURE AND TITLE OF CHIMPI	-/-									
KU	U ans	m	2 "	D_ /	211	2	29d. DATE S	MONED (Mont)	n, Day, Year)	
20 NAME AND ADDRESS OF DESCRIPTION		. ///	N .	V-10	00	5	- //	111	71	
30. NAME AND ADDRESS OF PERSON W										
KWANGS K	IM 50 W	Edmi	notor i	92.1	Coct	boill	2, M	0, 2	085	2

DIVISION OF VITAL PROCESS. F.C. BOX 13149, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <pre>ciours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of completely filled in by the fueral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Defin. Of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.</pre>
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	1. DECEDENT'S NAME (First, Middle, Lest) SASHIKALA				MATHU	2	JUNE 26	1991	3. TIME OF DEATN 12: 39AM M
	4. SOCIAL SECURITY NUMBER None	5. SEX 6.	AGE (In yrs. lest		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Feb. 18,	1925	BIRTHPLACE (State or Foreign Country) India
TOR	96. FACILITY NAME (If not institution, give a PHYSICIANS MEN RESIDENCE OF DECEDENT		PITAL	91	LA P	LATA	EATN		Y OF DEATH HARLES
DIRECTOR	10e. STATE 10b. COUNT	omery			own on Local				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 3022 Hewitt Ave.					. ZIP CODE 20906		Ind	en of what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2 TO NO		If yes, sp		NIC ORIOIN? (Specify Youn, Puerto Rican, etc.) fy:		4. RACE — American Indian, Black, White, etc. Specify: Indian
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gh	EDENT'S US to kind of work Do NOT use n	,	ON ast of working	Own H		STRY
E COM	17. FATNER'S NAME (First, Middle, Last) Vijey M. Mathur						AME (First, Middle, Maide Kanwar Mat		
TO BE	19e. INFORMANT'S NAME (Type/Print) Narain Mathur						Route Number, City or To		yland 20906
	20a. METHOD OF DISPOSITION 1	ioval from State	20b. PLACE Cother pla	hern	ON (Name of co	metery, cremetory or La Cremat	tory A		ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI	tracel	0			N. Fair	Eax Dr. Ar		uneral Home n, Va.
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	e. Rev		120	enter the me	ode of dying, suc	ch ae cardlec or ree	piratory erre	st, Approximete Interval Batween Onset and Death
	reculting in death)	DUE TO (C	D)						
RTIFICATION	Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	b	OFF AS A CONSECUTION AS	de	Amlin	him.	Perison	ìhi	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (C	DR AS A CONSEC	DUENCE OF):	Andri the underlyle		n Part I. 24e. WAS /	IN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (C	DR AS A CONSECU	DENCE OF):	26. F	ig ceuse given in	Part I. 24s. WAS / PERF	IN AUTOPSY ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
CIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (O d	DR AS A CONSECUTION AS	DENCE OF):	26. F OTHER: Nursing No: 0 28c. IN	ig ceuse given in	Pert I. 24e. WAS / PERF 1 TYES	IN AUTOPSY DRMED? 2 NO	AMILABLE PRIOR TO COMPLETION OF CAUSE DE DEATH? 1 YES 2 NO

JUN 28 '91



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
CHINMOY BANERJEE M.D. PEMBROOKE SOUARE 5046 HIGHWAY 301 SOUTH, #213

WALDORF, MD. 20603

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	REGISTRAR	Habeto 4 co					-	DEAT	I		00 0000			THE
	1. DECEDENT'S NAME (First, M.	liddle, Last)								MONTH	OF DEATH	AY Y	EAR	TIME OF DEA
	ANNETTE 4. SOCIAL SECURITY NUMBER	3 5	s. SEX	S . AGE (In vis	s. lest birthday)	IF UNDER	MOY	IF UNDER 2		06 7. DATE (28 OF BIRTH	199		ACE (State or F
	216-58-6833		□ M 2 🕁 F	30	YRS.	MONTHS	DAYS		MIN.	(Month	, Day, Year)	1960	Country)	
	9e. FACILITY NAME (If not instit			30		9b. CITY,	TOWN O	OR LOCATION			14,	9c. COUNTY		
CTOR	12911 GOODHILL ROAD SILVER						ER S	SPRING	3			MONT	GOME	RY
5	RESIDENCE OF DECE	OENT Ob. COUNTY			10c CI	ry, town o	R L OCAT	TION	-				1 4	Od, INSIDE CIT
DIRE	MARYLAND		GOMERY			ILVER		PRING						LIMITS?
	10e. STREET AND NUMBER	110111	OULLING			2.11 1 111		. ZIP CODE				10g. CITIZEI		AT COUNTRY?
ER/	12911 GOODH	ILL RO	AD					209	06			U	SA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Mr 3 Widowed 4 Divorce	erried	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	MNO	H	yes, spe	ENOENT OF ecity Cuben, 2X NO	Mexican		? (Specify Yellican, atc.)	s or No 14	Black, V Specify:	American Inc White, atc.
0		DENT'S EDUCAT		16a	DECEDENT'S					16b.	KIND OF BU	SINESS/INDUS		LINDUD
巨	Elementary/Secondary (0-12	1	College (1-4 or 5 +	+)	Me. Do NOT u	ise retired.)	uning mo	at or working						
COMPI	CO PATHERNA MARKE (C) - A AND	W- (4		COMPUT	ER AN	ALYS				MPUTE			
	17. FATHER'S NAME (First, Midd							200			Middle, Maiden			
BE	CARTER 190. INFORMANT'S NAME (Type	MOY e/Print)			19b. MAILING	G ADDRESS	(Street a	FUNG		CHU oute Numb		rn, State, Zip Co	ode)	
임	GLENN D. MO	Y (BROTHER)	518 D	ARTMO	ПТН	ROAD	. ST	LVER	SPRT	NG. MA	RYI.A	AND 209
	20s. METHOO OF DISPOSITION	N		20b. PL	ACE AND DAT	E OF DISPO	SITION	(Name		DATI	_	CATION — CIT		
	4 Donation 5 D Other (S	(pecify)	- 4	GAT	E OF	HEAVE	N CI	EMETE	RY		SIL	VER SP	RING	MARY
	21. SIGNATURE OF FUNCTIAL S	SERVICE LICEN	Pages											
	21. SIGNATURE DE FUNERAL SERVICE ADENSEE 22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, I										INC.			
	23. PART I. Entey the disc shock, or hea IMMEDIATE CAUSE (Fine disease or condition resulting in death)	rt fellure Lie	Cole	se on each	line.	not enter	0 UN	NIVER:	SITY g, such	BLV as care	D., W	., SIL	· SP	Approximately interval
LIFICATION	shock, or hear IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition if any, leading to immediaceuse. Enter UNDERLYIN. CAUSE (Disease or Injury that initieted events	na, ote	mplications the et only one cau	(OR AS A CO	line.	not enter	0 UN	NIVER:	SITY g, such	BLV as care	D., W	., SIL	· SP	Approxis
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PHYSICIAN: MEDICAL	ahock, or heal IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or injurithat inliteted events resulting in death) LAST PART II. Other significant 25. WAS CASE REFERRED TO EXAMINER? 1 © YES 2 ONO 27. MANNER OF DEATH 1 Natural 5 Pe	na, b d. d	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A COI (O	NSEOUENCE CONSEOUENCE CONSEOUE	DF): OF): OTHER 4 Num Num OF LJURY	derlyIng 26. PIL 26. It is ing Home	NIVER; ode of dyin CLA g cause gl LACE OF DE TORK? YES 2 ₹	yen in I	Part I.	24a. WAS AT PERFO	NAUTOPSY RMED?	24b. WA	Approximinterval I Onset an On
D BY PHYSICIAN: MEDICAL	ahock, or hear IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list condition if any, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Part Immediate Immedia	na, et conditions MEDICAL	DUE TO DUE TO	(OR AS A COI (O	NSEQUENCE CONSEQUENCE CONSEQUE	DF): OF): OTHER 4 Num Num OF LJURY	derlyIng 26. PIL 26. It is ing Home	NIVER; ode of dyin CLA g cause gl LACE OF DE TORK? YES 2 ₹	yen in I	Part I.	24a. WAS AT PERFO 1 (D. YES) ATION (Street HOW To Your, State	N AUTOPSY RMED? 2 NO INJURY OCCU HOT	24b. W	Approximinterval interval inte
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E COMPLETED BY PHYSICIAN: MEDICAL	ahock, or heal immediate and in the second service and	ma, etc. d. conditions MEDICAL pending vestigation outd not be dermined FYING PHYSICI. AL EXAMINER:	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO Contributing to Contributing to Contributing to Contributing to Contributing to	(OR AS A COI (O	Ine. WOUNSEOUENCE CONSEOUENCE	OFF: OFF:	derlying 28. Pt 28. Pt 1 Ory, office ory, office, date	DIVER:	yen in I	Part I. ck only or B Other 28d. Des SUB Cor 129 1 to the cate BER	24a. WAS AT PERFO 1 DVES 1 DVES ATION (Street or Your, State 1 GOO use(a) and me a and place, a	NAJTOPSY RMED? 2 NO INJURY OCCU HOT and Number or DHILL sinner as stated and due to the 29d. DATE:	24b. WARE ROAL SIGNED (N. 1–29–	Approxision interval onset as

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any within 29 hours after death with the State Dent of Health and Mental Houlene prior to burial cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TH C	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its elements of the sidner of the	MPO
F	F 2	5

1-3620-031	OTATE OF MADY AND A DEPARTMENT OF MEASURE AND MENTAL	
E CHETTE I	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
STRAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR		CERTI	FICATE O	DEATH		REG. NO					
1. DECEDENT'S NAME (First, Middle, Last) FUNG		CHU	MC	Y	2. DATE OF	D	AY 195	YEAR		E OF DEA	ATH 5 A a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR		7. DATE OF	Day, Year)		8. BIRTI	HPLACE	(State or F	
217-70-3244	1 M 2 XF	64 YRS.		OR LOCATION OF D	AUG.	7, 1	_		INA		
12911 GOODHILL				SPRING	EATH		MON'	TGOM	ERY		
10s. STATE 10b. COUN	10e. STATE 10b. COUNTY 10c. C								L	NSIDE CIT	
100. STREET AND NUMBER 12911 GOODHILL							10g. CIT	USA		OUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO MAR OR DATES	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Speci	en, Puerto Ric		e or No—	Blac	k, White	in etc.	
15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12)	UCATION te completed) College (1-4 or 5 +	(Give kind o	's usual occupa of work done during in use retired.)		16b. H	IND OF BU	SINESS/IN				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	2011/2011						
SEE ON NG				KIM		YOU	Y00				
198. INFORMANT'S NAME (Type/Print) GLENN D. MOY	(SON)			t and Number or Rural H AVENUE,					RYL	AND	2091
20a. METHOD OF DISPOSITION 1 № Burlal 2 □ Cremation 3 □ Re		20b. PLACE AND DA of cemetary, cremate GATE OF	TE OF DISPOSITION	ON (Name	DATE	20c. LC	CATION -	City or T	own, St	ota	
4 Donation 5 Other (Specify)	CENSE /	GATE OF			ACILITY	_	VER				YLAI
- mounts	. Cole			CYSOGESS CO UNIVERSII							209
Sequantially list conditions, if any, leading to immediate											
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENCE	OF):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								COMP OF DE	AUTOPSY ABLE PRIO PLETION OF EATH?	F CAUSE
25. WAS CASE REFERRED TO MEDICAL	T		28.	PLACE OF DEATH (C	heck only one			_			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	V							
27. MANNER OF DEATH	28a. DATE OF (Month, D	Day, Year)	INJURY	INJURY AT WORK?		RIBE HOW			0.017		
1 Natural 5 Pending 2 Accident investigation				YES 2 NO	SELF		FLIC				
2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE C building,	OF INJURY — At home, farm, etc. (Specify) HOMI		ffica	281. LOCATION (Street and Number or Rural Route Number, 129 I GOODHILL ROAD						
(ondon only		f my knowledge, death occupiation and/or investiga							(a) and i	manner ar	stated.
296. GENATURE AND TITLE OF CERTIF	IER // . A			29c. LICENSE N	JMBER					h, Day, Yea	ir)
mayre n	eynell	fen		OCME			▶ 6	-29-	199	1	
30. NAME AND ADDRESS OF PENSON V	1. 16 R	Flu 111 N	. PENN S	TREET BAI	LTIMOR	E,MAI	RYLAN	ID 21	201		
31. DATE FILED (Month, Day, Year)	32. WEGISTR	AN'S SIGNATURE Pande	00_								

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 focus after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the turnishment of the best filled within 12 hours after death within 12 hours after death within 12 hours after death within 12 hours and injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-riours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burner. The death with the State Dept. of Health and Memal Hygiene prior to burlat, cremation, or removal. APPRIANT: If Item 28 is marked, or Item 23 shows any Injury. or other traumatte event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending in the Within 12 hours after death with the State Dept. of Health and Mental Hyghete prior to burial, remanden, or removal. APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-fricurs after death. Page 6 may be retained by the hospit of the FUNEAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to burlat, cremation, or removal. APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 2-fours after death. Page 6 may be retained by 1 THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should by filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buila, cremation, or removal. APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified a
DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-friours after death. Page 6 may be not the EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page in fled within 72 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or remodi. APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be approximately approx
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a title full from the property of the attention physician and completely fill filed within 72 hours after death with the State Dept. of Health and Mental Hypere prior to burial, cremation APORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 131. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execute THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and or, sind within 72 hours after death with the State Dept. of Health and Mental Hygieve prior to build APDRTANT: If Item 28 is marked, or Item 23 shows any Injury. or other traumatic
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DIVISION OF VITAL RECOR THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires tha THE FUNERAL DIRECTOR: After this certificate has been signed inde within 72 hours after clearly with the State Dept. of Health a RPORTANT: If Idem 28 is marked, or Idem 23 shows am
DIVISION OF VITAL F THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has b, filed within 72 hours after death with the State Dept. APORTANT: If item 28 is marked, or item 23:
DIVISION OF V THE HOSPITAL OR ATTENDING PHYSICIAN THE FUNERAL DIRECTOR: After this certific filed within 72 hours after death with the is APORTANT: If Item 28 is marked, or
DIVISION THE HUSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After APORTANT: If Item 28 Is mi
DIV THE HOSPITAL OR / THE FUNERAL DIRE filed within 72 hours APORTANT: If Item
THE HOS THE FUN fled with

1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	RE	G. NO.			
1. DECEDENT'S NAME (First, Middle, i					2. DATE OF DE	may.	YEAR	3. TIME OF DEATH	
		6. Mulay			June 2	7, 1991		5:45 P	
4. SOCIAL SECURITY NUMBER 577-60-4827	1)(C)(M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, Aug. 28	8, 1903	a. BIRTH Countr		
9a. FACILITY NAME (If not institution, Althea Woodlan RESIDENCE OF DECEDEN			Silver	Spring	EATH		nty of b		
10a, STATE 10b. CO		10c. CITY, TO	own on Locat					10d. INSIDE CITY	
10s. STREET AND NUMBER		Wasii		ZIP CODE		10a CIT	ZEN OF	1 X YES 2 NO	
3627 Ordway St				2	0016	Un:		States	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES I II	13. WAS DEC	ENDENT OF HISPAI Belfy Cuben, Mexica 2 XNO Specif	in, Puerto Rican,	etc.)	Speci	E — American Indian, k, White, etc. #y: Indian	
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during moderad.)	N at of working		OF BUSINESS/INC	DUSTRY		
	8	Scientis	t			I. H.			
17. FATHER'S NAME (First, Middle, Las (Unavailable)	Mulay			unavai		Malden Surname)			
19e. INFORMANT'S NAME (Type/Print) Else J. Ward				treet,				20016	
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 6 Other (Specify)	Removal from State	other place) Suburban Ci				20c LOCATION -		own, State ng, Maryland	
21. SIGNATURE OF FUNERAL SERVICE Ellen		Ro	Rapp I	uneral	Service	s, P. A.		MD 20910	
23. PART I. Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Sepsis Due to (or as	sach line. A CONSEQUENCE OF): /e Heart Fa		ou or dying, suc	in se cardiac c	n respiratory an		Approximate Interval Between Onset and Deati	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):	TIOLE						
PART II. Other algnificant conc				g ceuse given in	Part I. 24s.	WAS AN AUTOPSY PERFORMED?	24b	. WERE AUTOPSY FINDINGS	
enlargement	nary obstructi •	ion from pr	ostate		_ 10	YES 2 XNO		OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inputient 2 ER/O		THER:	ACE OF DEATH (C		- 14.0			
27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF INJURY (Month, Day, Year	Y 28b. TIME O	PF 28c. INJ	e 5 Residence URY AT RK? /ES 2 NO	Y	E HOW INJURY OC	CURED		
2 Accident Investigs 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJUI	RY — At home, farm, stre- pecify)	et, factory, offic	•	281. LOCATION City or Tow	(Street and Numbern, State)	r or Rural	Route Number,	
onel	PHYSICIAN: To the best of my know							a) and manner as stated.	
29h SIGNATURE AND STILE OF COM	2 MD	tup)	3	2 C. LICENSE TY	MBER 74	7)		27, 1991	
	ndjuk, M. D.,	2100 Penns		a Avenue	e, NW, V	Washingt	on,	DC 20037	
31. DATE FILED (Month, Day, Year)	32. HEGISTRAN'S BIO	SMATURE CO							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Nours after death. Page 6 may be retained by the hospital or attending physic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
HE HOSPITAL OR ATTENDING	HE FUNERAL DIRECTOR: After	led within 72 hours after death	ORTANT: If Nem 28 is ma	
2	2	20	X	

30. NAME AND ADDRESS OF PERSON WHO COM

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF	DEATH	2. DATE OF D	G. NO.	3.1	TIME OF DEATH	
	Hargopal		Mat	hur		June	21	1991	1:20 A. M	
	4. SOCIAL SECURITY NUMBER 5. S	6. AGE (In y	yrs. last birthday) F	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mgrith, Dev. Year) 1912 Soughly India				
TOR	Physicians Memoria RESIDENCE OF DECEDENT		9b	LaP1a	OR LOCATION OF DE	EATH		unty of DEATH narles	1	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Charle		10c. CITY, TO	own or loca ata	TION				LINSIDE CITY LIMITS? YES 2 NO	
FUNERAL	10e. STREET AND NUMBER 445 Ellerwood Dr.				1. ZIP CODE 20646			tizen of what India	COUNTRY?	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	NAS DECEDENT EVER IN U FORCES? 1 YES F YES, GIVE WAR OR DATE	.S. ARMED 2/ // NO ES	If yes, sp	CENDENT OF HISPAI Becity Cuban, Mexico 3 2XXNO Specific	in, Puerto Rican,		14. RACE — Black, Wi		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compile terms of the	eted) lege (1-4 or 5+)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during me	ON ost of working		of Business/ii			
BE COMP	17. FATHER'S NAME (First, Middle, Last) Madanlal Mathur				16. MOTHER'S NA UNKNO	ME (First, Middle	, Maiden Surname)			
TO	19a. INFORMANT'S NAME (Type/Print) Krisham Mathur				and Number or Rural				6	
1051 00	20e. METHOD OF DISPOSITION 1	rom State	PLACE OF DISPOSITION PROPERTY PROPERTY PROPERTY PARTY PROPERTY PRO				Arlingt			
ayalliller	21. SIGNATURE OF FUNERAL SERVICE LICENSE		1	22. NAME A	ND ADDRESS OF FA	CILITY AY	lington	Fune:	ral Home	
ont, ure moute	23. PART I. Enter the diseases, or compilications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease Dr condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):							
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):							
COC. OC 116M 23 SHOWS any Injury, PHYSICIAN: MEDICAL CE	PART II. Other significant conditions co		Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE OBATH? YES 2 NO					
SICIAN		SPITAL:		THER:	PLACE OF DEATH (C		ecify)			
BY PHY	27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (Y W	JURY AT PORK? YES 2 NO	28d. OE\$CRII	BE HOW INJURY (OCCURED		
ZE IS	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif)	— Al home, farm, stre	et, factory, off	lce		N (Street end Num wn, State)	ber or Rural Rout	e Number,	
D BE COMPLETED	(Check only	To the best of my knowled the basic of examination							nd manner as stated.	
= 0										

Vidysagar Anmangandla,
31. DATE FILED (Month, Dey, Year)
JUN 28 91 Charlotte Hall, Maryland P.O. 282, Box 3) REGISTRAN'S SIGNATURE SUNA DAVIDA AGORDAN

PLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

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A STATE OF STATE

BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transi or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed witthin a month and feath. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transf be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HY	GIENE
CERTIFICATE OF DEATH RE	G. NO.

REGISTRAR		C										
1. DECEDENT'S NAME (First, Middle, Last Raymond	Wallace	Maso	n					2. DATE MONTH Ju	ne 2	pay 9	1991	3. TIME OF DEATH 3: AM
4. SOCIAL SECURITY NUMBER 400-28-2179	5. SEX 1 X M 2 F	8. AGE (In yrs. le	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Month	DE BIRTH Day, Year)	1918	Count	HPLACE (State or Foreign try) ntucky
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE				JNTY OF E	
312 Willington	Drive			Silver Spring Montgomery							gomery	
10s. STATE 10b. COUN	П		10c, CI	TY, TOWN C	OR LOCA	TION						10d. INSIDE CITY
Maryland 100. STREET AND NUMBER	Montgome	ry	Si	llver						1		1) YES 2 ND
312 Willington D	rive				10	r. zip coo i	€ 0904			US		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI WW 1 1	EVER IN U.S. A YYES 2 A DR DATES	RMED NO		If yes, sp	ENDENT Decity Cube	n, Mexicar	n, Puerto F	? (Specify Yolican, etc.)	es or No—	14. RAC Blac Spec	E — American Indian, ok, White, etc. only: White
15. DECEDENT'S ED (Specify only highest gra-	DUCATION	16a. D	ECEDENT	S USUAL O	CCUPATI	ON		16b.	KIND OF BI	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)			work done								
1-12		Hea	ating	g/Air	Cor	nditi	onin	g	S	elf e	emp1c	yed
17. FATHER'S NAME (First, Middle, Last)						1			liddle, Maide	n Sumame)		
	T. Mason					(u	nkno	wn)				
19e. INFORMANT'S NAME (Type/Print)		19	Db. MAILIN	G ADDRESS	S (Street	and Number	or Rural R	Route Numb	er, City or To	wn, State, Z	Ip Code)	
Betty Mason			31	2 Wi	11ir	igton	Dri	ve.	Silve	r Spr	ing.	Md. 2090
20s. METHOD OF DISPOSITION	E William III	20b. PLACE	OF DISPO	OSITION /No	uma of on	meter con	nathor or		70c I	OCATION -	City or T	hen State
14⊡ Burlat 2 □ Cremation 3 □ Re 4 □ Donation 8 □ Other (Specify)	imoyal from State	Fo	rt L	incol	ln C	emete	erv		Br	entw	ood.	Md.
21. SIGNATURE OF FUNITIAL SERVICE	LICENSEE	1		,22,	NAME A	NO ADDRE	SS OF FAC	CILITY	ral E		,	1141
. /) // //- 7				1111	PERCE IN	/ 12 1 m c	ildi	France				
23. PART I. Enter the disease, on shock, or heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one caus	e on each lin	0.	11 not enter	800 the mo	New ode of dy	Hams	phir has card	e Ave	piratory a	rrest,	Approximate interval Between Onset and De
shock, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	e	CRUSED THE CONSTRUCTION OF AS A CONSTRUCTION AS A CONSTRUCTION AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONSTRUCTION OF AS A CONST	EQUENCE C	not enter	800 the mo	New ode of dy	Hams	phir has card	e Ave	piratory a	rrest,	Approximate Interval Between
shook, or heart feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (C	OR AS A CONSE	EQUENCE (not enter	800 r the mo	New Ode of dy	Hams	sphir has card	e Ave	piratory a	rrest,	Approximate Interval Between
shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C	OR AS A CONSI	EQUENCE (not enter OF): OF): In the ur	800 r the mo	New Ode of dy	Hams ing, such	Sphir has card	e Ave	piratory a	eras	Approximate Interval Between
shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions Characteristics of the conditions	DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C	OR AS A CONSI	EQUENCE (not enter OF): OF): In the ur	nderlyin	New Ode of dy	Hams	Part I.	e Ave	piratory a	eras	Approximate interval Batwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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BALTIMORE, MARYLAND 21203-314	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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		CERTIFIC	CATE OF DE	AIH	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH ONTH DAY	YEAR	3. TIME OF DEATH	Т
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4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 1 YEAR HOUF	0 MM	ATE OF BIRTH Month, Day, Year)	Country		n
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			b. CITY, TOWN OR LOC		90.0	COUNTY OF D	EATH	
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10a, STATE 10b, COUNTY	1	10c, CITY,	TOWN OR LOCATION				10d. INSIDE CITY	
Maryland	Montgomery		Silver S	pring			1 X YES 2 NO	
10e. STREET AND NUMBER			101. ZIP C		10g.	USA	VHAT COUNTRY?	ī
2120 Gatewood Pla							Cab.	
11. MARITAL STATUS 1 Never Married 2 K Married	12. WAS DECEDENT EVER	2 NO		IT OF HISPANIC OF	RIGIN? (Specify Yes or No- erto Rican, etc.)	- 14, RACE Black	— American Indian, t, White, etc.	
3 Widowed 4 Divorced	IF YES, GIVE WAR OR (DATES	1 TES 2	NO Specify:		Speci	w. White	
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	BUAL OCCUPATION		16b. KIND OF BUSINESS	/INDUSTRY		-
(Specify only highest grade			rk done during most of wa retired.)					
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William B. Mc	Laughlin		H	lazel R.	Ehrhart			
19a. INFORMANT'S NAME (Type/Print)	Lough 1 de	19b. MAILING A	DDRESS (Street and Nur	nber or Rural Route	Number, City or Town, State	, Zip Code)	20002	
Bernice L. Mc	Laugniin	2120 (Garewood P	Tace, S	ilver Sprin	ig, Md	. 20903	
20s. METHOD OF DISPOSITION 1 To Buriel 2 ☐ Cremetion 3 ☐ Rem	oval from State	b. PLACE OF DISPOSIT other place)	TION (Name of cometery,	crematory or	20c. LOCATION	- City or To	wn, State	
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BALTIMORE, MARYLAND 21203-3146	irs after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 hours after death with the State Dept. of Health and Mental Hyghere prior to burial, cremation, or removal.
	72	filled i
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact hours after death with the State Dept. of Health and Mental Hyghene prior to burial, cremation, or removal.
á	98	DIRE

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25—curs after death. Page 6 may be retained by the thors TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

*MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)								2, DATE OF D	DEATH DA	v	YEAR	3. TIME OF DEATH
	ETHEL PALME	R MARTI	N_						JUNE		199		1:30 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	77	IF UNDER 1 Y		IF UNDER	24 HRS.	7. DATE OF B (Month, Day			8. BIRTH Countr	IPLACE (State or Foreign
	213-48-2354	1 🗆 M 2 🖵 F	91	YRS.	WORTHS D	MYS	HOURS	MIPI.	MAY 17		000		SCONSIN
	9a. FACILITY NAME (If not institution, give s	street and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						EATH		
DIRECTOR	ALTHEA WOODLA	ND NURSI	NG CENTE	ER	R SILVER SPRING MONTGOME						ERY		
E I	10a. STATE 10b. COUNT	γ		10c. CITY,	TOWN OR	LOCATIO	ON						10d. INSIDE CITY LIMITS?
	MARYLAND MON	TGOMERY			SILV	ER	SPR	ING					1 WES 2 NO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP COO				10g. CIT		VHAT COUNTRY?
	605 DALE DRIVE	1						910			<u> </u>	USA	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	TEVER IN U.S. AR	MED 10	If y	es, spec	cify Cube	n, Mexica	NIC ORIGIN? (S _i in, Puerto Ricar		or No-	Black	E — American Indian, k, White, etc.
Β¥	3 X Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES		10	YES	2 [X] NO	Specify	γ:			Speci	"Y" WHITE
	15. DECEDENT'S EDU (Specify only highest grade	ICATION Composited	16e, DE	CEDENT'S U	JSUAL OCCI	UPATIOI	N t of workin	20	16b. KIN	D OF BUS	BINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ive kind of wo Do NOT use			COI WORK	79					
MPI	12		OH	FICE	WORK	ER			FRU	IT C	ROWE	RS	
8	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle	e, Malden	Surnama)		
B	CHARLES H.	PALMER					MA					ULLI	N
2	19a. INFORMANT'S NAME (Type/Print)	. (5.15-5-5							Route Number, C				
	JOAN E. MARTIN	(DAUGHT							ER SPRI				
	1 - Burlel 2 X Cremation 3 - Rem	noval from State	20b. PLACE other pl	POLIT			-				CATION —		
	4 Donation 6 Other (Specify)	CENSEE	PEIK	LOLI		_		SS OF FA		ALEA	LANDR	IA,	VIRGINIA
		16)	()		FRA	NCI	S J.	COL	LINS F				
	Illu) Oli	we!										, MD 20901
	23. PART i. Enter the diseases, or ahock, or heart failure.				ot enter th	ie mod	se or dy	ing, auc	n sa cerdisc	or reep	iratory ai	теет,	Approximate interval Batween
	iMMEDIATE CAUSE (Finei disease or condition	An.	+	1			- 1-1	. 7					Onset and Death
	resulting in death)	a. OUE TO	OR AS A CONSE		iac		an	1531	L				immediate
7		2			,								
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or injury	c		_									
CERTIFICATION	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSE	OUENCE OF):								
EH	Teaming III duality Exci	d											
	PART ii. Other significant conditio	na contributing to	death but not	reaulting in	n the unde	erlying	cause	given in	Part i. 24	. WAS AN	AUTOPSY	241	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Kecurrent	TIA	1's						10	YES 2			COMPLETION OF CAUSE OF DEATH?
MEC	Cardiac	arrhy	thmi								/ \		1 TES 2 NO
_		/											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	26. PL	ACE OF D	DEATH (C	heck only one)				
YSI	1 TYES 2 NO	1 🗆 Inpatient 2	☐ ER/Outpatient :	-	4 Nurain			asidence	6 Other (Sp				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O	F INJURY Day, Year)	28b. TIME INJU		WOI	RK?	7	28d. DESCRI	BE HOW	INJURY O	CUREO	
ВУ	2 Accident Investigation	None	OF INJURY — At h		To a to to a to a		'ES 2 [_ NO	ORA LOCATIO	W. Charact	and Alumb	as as Bring!	Route Number,
ED	3 Suicide 6 Could not be 4 Homicide determined	building	, atc. (Specify)	Drine, 101111, 0	ereet, lector	y, orne				own, State,		or Or Huran	Hodie Number,
COMPLETED	29e. CERTIFIER									_			
MPI	(Check only												s) and manner sa stated.
00			examination and/or	investigation	n, in my opi	nion, a				praca, a			A Carlo Carro - Carlo - Carro
BE	29h. SACHATURE AND TITLE OF CERTIFIE	Wat.					29c. LIC	ENSE NU	MBER (AA		29d. DA	TE SIGNE	O (Month, Day, Year)
TO 1	30 NAME AND ADDRESS OF PERSON W	HO COMPLETED OF	ISE OF THE TOTAL	M 97 C	Delat*		PC	744	87		1	MNE	24,1991
	AND AUDHESS OF PENSON W	COMPLETED CA	DE UP DEATH (ITE	-	A (11.	D	1 C.		C		11120
	130mat AL	AVIDIO	I U	3 M		N 100 1 1	. 11 -	140				3.0 -	VILLINGAL
	Sennet A	Or (ev, c	AR'S SIGNATURE	301	Cole	Ase	ille		9. 71	iver.	Spr.	ikg, 1	412,20401
	Sennet A. 1 31. DATE FILED (MONTH, Day, Year) JUN 2 7 '91	32. REGISTR	AR'S SIGNATURE		COLE	Sch	ille	K	4. 121	iver	3 pr	iks, I	718,20901

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

permit. P	RAL DI
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Phours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal. Lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIF
r attending use as the	TED BY
s hospital o stached for nce.	OMPLE
ained by the hould be de lifted at o) BE C
may be rett ir, page 5 s ist be not	Ĭ,
h. Page 6 eral directo miner mu	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach ours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	
DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Thours after of JRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. Iom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical execution.	LETED BY PHYSICIAN: MEDICAL CERTIFICATION
precuted with and comple to burial, cre	NO
physician ene prior to	LETED BY PHYSICIAN: MEDICAL CERTIFICATION
he attendin Mental Hyg jury, or o	L CERT
signed by the si	EDICAL
has been so Dept. of H	AN: W
certificate h the State 1, or item	HYSICI
UDING PHY E After this r death with	D BY P
DIRECTOR TO HOURS after 18	PLETE
e Hospita E Funeral d Within 72 RTANT: If	E COM
TO THE FUNERAL OIR be fled within 72 hou IMPORTANT: If item	TO B
/ / / 4	

FOR STATE REGISTRAR	STATE OF MARYL			F HEALTH A		IENTAL HYG			
1. DECEDENT'S NAME (First, Middle, Last) LOIS E. M	UCH					2. DATE OF DEAT	3	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		in yrs. lest birthday)	JF UNDER 1 YE		$\overline{}$	7. DATE OF BIRTH (Month, Day, Yes	4	8. BIRT	HPLACE (State or Foreign
579-22-8473	1 - M 2 F	66 YAS.	MONTHS D	NYS HOURS	MIN.	DEC.1,	1924	WAS	HINGTON, D.C
e. FACILITY NAME (If not institution, give str			9b. CITY, TO	WN OR LOCATION	OF DE	ATH	9c. CO	UNTY OF	DEATH
PENINSULA GENERAL	HOSPITAL		SALIS	BURY			WIC	COMIC	0
DESIDENCE OF DECEDENT 106. COUNTY		10c, CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY
MARYLAND WORCE	STER		CEAN (LIMITS?
De. STREET AND NUMBER	DILK		OLMH (10f. ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?
625 94TH STREE	т			2184	42			USA	
MARITAL STATUS ☐ Never Merried ☐ Wildowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☐ NO IF YES, GIVE WAR OR DATES			If ye	HISPAN Mexican Specify	ly Yes or No —	14. RACE — American Indien, Black, White, atc. Specify: WHITE			
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of a life. Do NOT us	work done durk	IPATION ng most of working		16b. KIND O	F BUSINESS/I		
12		HOME	MAKER						
7. FATHER'S NAME (First, Middle, Last)				18. MOTHE	R'S NAI	AE (First, Middle, M.	alden Surname)	
WILLIAM B.	WITTE				JES	SIE F	OWLER		
a. INFDRMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S	treet and Number o	r Runal R	loute Number, City o	or Town, State,	Zip Code)	1000
PATRICIA M. HARRI	NGTON	13693	LEXIN	GTON DRI	IVE	MT. AI	RY, MA	RYLA	ND 21771
0s. METHOD OF DISPOSITION Buriel 2 Cremetion 3 Remo Donation 5 Other (Specify)	oval from State of	b. PLACE AND DATE cemetary, crematory PARKLAWN	or other place	9)		1 .	ockvil		fown, State MARYLAND
I. SIGNATURE OF FUNERAL SERVICE LIC			FRAI	NCIS J.	COL	LINS FU			, INC.
Sequentially list conditions, f any, leeding to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS /	A CONSEQUENCE O	F):	ma				À	20913
PART II. Other significant condition	s. a contributing to death I	out not resulting	in the unde	rlying cause gi	ven In	PE	AS AN AUTOPS ERFORMED? ES 2 A-NO	3Y 2	Ib. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PLACE OF DE	ATH (Ch	ock only one)			
1 YES 2 NO	1 Inpetient 2 I ER/Out	patient 3 DOA	OTHER:	Home 5 🗆 Res	Idence	6 Other (Specif)	y)		
7. MANNER OF DEATH 1 Natural 6 Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. Till	JURY	Ic. INJURY AT WORK?	NO	28d. DEŞCRIBE I	HOW INJURY	OCCURED	
2 Accident 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, farm,	street, factory	, office	7-	281. LOCATION (S City or Town,	I Route Number,		
(Critical Civily	CIAN: To the best of my know								e(a) and manner as stated
196. SIGNATURE AND TUTE OF CERTIFIER				29c, LICE	NSE NUI	MER	29d. C	All and	ED (Month, Dey, Year)
Chu				213	22	2		1-	5-91
O. P. LAY TO	1 7701	EATH (ITEM 27) (Type	s, Print)	9(15 B U	114	MI	2180	1-59	193
JUL 8 199	32. REGISTRAR'S SIG	NATURE Pandel			1				

TO BE COMPLETED BY FUNERAL DIRECTOR

Marie	Louise	McManus	5		797		2. DATE OF DEATH DAY JULy 4, 1991		YEAR	3. TIME OF DEATH 7: 25 A		
. SOCIAL SECURITY NUMBER	5. SEX 6. AC	GE (In yrs. lest birthde		R 1 YEAR	IF UNDER		7. OATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign	
216-46-1777	1 🗆 M 2 🔀 F	83 YRS			HOURS	MIN.	Oct.	27.1			Louis, MO.	
a. FACILITY NAME (If not Institution, give	street and number)		9b. CIT	Y, TOWN OF	LOCATIO	ON OF DE	HTA		9c. COL	INTY OF D	EATH	
CARRIAGE HILL NU	RSING HOME]	Bethe	sda				Mon	tgome	ery	
RESIDENCE OF DECEDENT	ry	10c.	CITY, TOWN	OR LOCATIO	ON						10d. INSIDE CITY	
Delaware											LIMITS?	
De Laware		Re	ehobot		ach zip cobi	F			10a CI1	IZEN OF V	WHAT COUNTRY?	
				1					109. 01.			
6 Park Avenue	12. WAS DECEDENT EVE	R IN II S SARMEO	13		1997		NC OBIGIN	17 (Specify Ver	or No-	V -	E American Indian.	
Never Married 2 Married Midowed 4 Divorced	FORCES? 1 Y	ES 2 PNO			cify,Cuba	n, Maxica	n, Puerto Rican, atc.) B			Blac	Specify: White	
15. OECEDENT'S EDI (Specify only highest grad	UCATION	16a. DECEDEN	T'S USUAL C	OCCUPATION	N t of models		16b	KIND OF BU	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done IT use retired.)) guning most	t or workin	ng						
	4	Homema	aker					Own I	Home			
7. FATHER'S NAME (First, Middle, Last)					18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)			
Joseph Louis Horn	nsby				L	ouis	se Sh	aw				
9a. INFORMANT'S NAME (Type/Print)		19b. MAIL	ING ADDRES	SS (Street an	d Number	r or Rural .	Route Num	ber, City or Tow	m, State, Z	ip Code)		
Christopher D. Me	cManus	8716	6 Cole	esvil:	le R	load	Silv	er Spi	ring.	MD.	20910	
0a. METHOD OF DISPOSITION Burlal 2 Cremation 3 Ref	moval from Stata	20b. PLACE AND D	ATE OF DIS	POSITION (Name		DAT	E 20c. LO	CATION -	- City or To		
I. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	Mt. Comi		Irema:				IAL	ex. I	/A.		
	bha							ons,	Inc.	N.W	7.	
michael	1.50											
			Do not anta	5130 1 or the mod	Wisc	onsi	n Av	e. Wa	ash.	D.C	20016 Approximate	
ahock, or heart failure MMEDIATE CAUSE (Final disease or condition	. List only one cause o		Do not anta	r tha mod	Wisc la of dy	onsi	h as can	diac or resp	ash. Iratory a	D.C.	20016 Approximate Interval Betwee Onset and De	
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate	a. OUE TO (OR /	n each line.	Do not anta	r tha mod	Wisc la of dy	onsi	h as can	diac or resp	ash. Iratory a	D.C.	20016 Approximate Interval Betwee Onset and De	
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR /	in each line.	E OF):	r tha mod	Wisc la of dy	onsi	h as can	diac or resp	ash. Iratory a	D.C.	20016	
shock, or heart failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (OR / DUE TO (OR / DUE TO (OR / d.	AS A CONSEQUENCE	E OF):	PCC	Wisc da of dy	Onsi	th as can	diac or resp	ash.	D_C rrest,	20016 Approximate Interval Betwee Onset and Dei 2 year	
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shock, or heart failure MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Astural 5 Pending	a. OUE TO (OR / b. DUE TO (OR / c. DUE TO (OR / d. Ona contributing to deat HOSPITAL: 1 Inpatient 2 ER/ 28s. DATE OF INJU (Month, Dey, 16	AS A CONSEQUENCE AS A C	E OF): E OF): OT ME	28. PLLER: Unstring Home	Cause	given in	Part I.	24a. WAS AMPERFOI	A AUTOPSY RMED?	D C rrest,	Approximate Interval Betwo Onset and De 2-yrca-o	
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Felia Davidson Randell

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last) ANDR	IJ	NEH REBECKYJ 2. DATE			ATE OF DEATH STIME OF DEATH S: 30AM M			
ron	4. SOCIAL SECURITY NUMBER 063-26-4375	5. SEX 6. A		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN		1901 UK	THPLACE (State or Foreign natry) Taine		
	90. FACILITY NAME (If not institution, give Fairland Nursin	91	Silver Sprin		gomery				
DIRECTOR	residence of decedent 10a. STATE 10b. COUN Maryland Mon	ntgomery		own on LOCATION .lver Spring		10d. INSIDE CITY LIMITS? 12 ☐ YES 2 ☐ NO			
BY FUNERAL	106. STREET AND NUMBER 1135 Universit	ty Blvd.,		101. ZIP CODE			nt resident		
	11. MARITAL STATUS 1 Never Married 2 Merried 3 N Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 VES 2 N IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HIS If yes, specify Cuben, Mes 1 YES 2 NO Specific Cuben, Mes	Bit	CE — American Indian, ack, White, etc. ecity: white			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 1 - 1 2 College (1-4 or 5+)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	done during most of working tired.)	16b. KIND OF BU	16b. KIND OF BUSINESS/INDUSTRY			
MP	17. FATHER'S NAME (First, Middle, Last)		Lab Techi						
೮	Sylvester Nel	nrebeckvi			NAME (First, Middle, Maider 1 (unknown)				
BE			19b, MAILINO AD	DRESS (Street and Number or Ru		<u></u>			
P_{G}	eorge Nehrebeckyj			larrows Terrac			Md. 20906		
	20a, METHOD OF DISPOSITION 1	moval from State	20b. PLACE OF DISPOSITI	ON (Name of cometer), cremetory Ukrainian Cen	or 20c, L(OCATION City or	Town. State		
	21. SIGNATURE OF FUNERAL SERVICE L	COLOR	N	22. NAME AND ADDRESS OF Hines/Rinal 11800 N.H. a			. Md. 20904		
CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
		d							
EDICAL	PART II. Other significant condition		RMED?	Ab, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
IAN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)								
SIC	EXAMINER? 1 YES 2 NO								
BY PHYSICIAN: M	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Neutural 5 Pending Investigation 2 Accident Investigation								
	3 Suicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	anal			nt the time, date and place, and in my opinion, death occured at			e(s) and manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER D24947 6-29-91								
	GNEGOSSY A	HID COMPLETED CAUSE OF	M M (5317 Ch	my Lan	e Lan	inclus		
	JUL 1 91	Julia Davids	- Rondell		/		20707		

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICAL	E OF	DEA			REG. N	U.		
I. DECEDENT'S NAME (First, Middle, List)								2. DAT	E OF OEATH	DAY	YEAR	3. TIME OF OEATH
Vermell A.	OKelly								2 1	6	91	0405 AM
I. SOCIAL SECURITY NUMBER	5. SEX /	6. AGE	'in yrs. lest birthday)	IF UNDE	ER 1 YEAR	IF UNDER		7. DATI	OF BIRTH		8. BIRTH Count	IPLACE (State or Foreign
578-28-4488	1 🗆 M 2 😿 F	71	YRS.	MONTHS	DAYS	HOURS	MIN.	No	v 6,	1919		hington, D
a. FACILITY NAME (If not institution, give at	treet and number)			9b. CIT	ry, town o	R LOCATI	ON OF DE	ATH		9c. COL	JNTY OF D	EATH
Shady Grove Ad	vents+ 1	10501	tal	Gá	aith	ersl	ourg	. Mc	1.	Mo	ntgo	mery
RESIDENCE OF DECEDENT 10b. COUNTY	7	V	10c, CIT	Y. TOWN	OR LOCAT	ION						10d. INSIDE CITY
Mid. Mon	ntgomery	,										LIMITS?
0e, STREET AND NUMBER	,		(i	air	hers	ZIP COD	g ,			10a, CI	FIZEN OF Y	WHAT COUNTRY?
101 Odendhal A	venue										USA	
1. MARITAL STATUS	12. WAS DECEDENT	EVER II	N U.S. ARMEO	13	3. WAS DEC	ENDENT (OF HISPAN	IIC ORIG	IN? (Specify	fee or No—	14. RAC	E — Americen Indian, k, White, etc.
Never Merried 2 Merried	FORCES? 1 IF YES, GIVE VA	YES OR D	2 NO			ecify Cubi	n, Mexica	n, Puerlo	Ricen, atc.)		Spec	
☐ Widowed 4 ☐ Divorced	(20, 0.72	011 0	A120		1 1 123	X	Оросп					lack
15. DECEDENT'S EDUC (Specify only highest grade			16a, DECEDENT'S (Give kind of				20	16	b. KIND OF E	USINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	se retired.	.)							
12th			Switch	boa	rd O	per	ato		Jewi	sh B	oard	d of Guard
7. FATHER'S NAME (First, Middle, Last)									Middle, Meld			
Bunn O'K	Kelly					Et	hel	C1:	ifton			
De. INFORMANT'S NAME (Type/Print)			and the second s						mber, City or 1			00010
Gloria E. McRa	a e		815	Fer	n Pl	ace	NW	W	ashir	gton	,DC	20012
0e. METHOD OF DISPOSITION	oval from State	200	o. PLACE OF DISPO						20c.	LOCATION -		
Donation 6 Other (Specify)	AND INCOME.		Harmo							Land	ove	r, Md.
1. SIGNATURE FUNERAL SERVICE LIC	CENSEE	11	1 10		2. NAME AN				neral	Llom		
* X . f. 10	RANS	K	all						W: Wa			n. D.C.
23. PART I Enter the diseases, or canonic feet fellure. I MMEDIATE CAUSE (Finel disease or condition resulting in desth)	MAGA	10	- 1 - 1	- /								Onset and Death
sny, lasding to immediata suse. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	DUE TO DUE TO	(OR AS	A CONSEQUENCE O	OF):	nta	rct	ièn					onset and Death
f sny, lesding to immediate susse. Enter UNDERLYING AZUSE (Disease or Injury hat initiated events esuiting in death) LAST	DUÉ TO DUE TO DUE TO	(OR AS /	A CONSEQUENCE O	OF): OF):				Part I.	PERF	AN AUTOPSY ORMED? 2 M NO	241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO
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smy, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other significant condition S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO DUE TO C. DUE TO d. B contributing to	(OR AS /	A CONSEQUENCE C	OTHI	underlyin 26. Pi ER: lursing Hom	g cause	given in	eck only	PERF 1 YES	ORMED? 2 M ¶O		b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
f sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events esuiting in death) LAST PART II. Other aignificant condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS /	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting patient 3 □ DOA 28b. Til	OF): OF): OF): OF MARKET OF MARKE	26. PIER: unsing Hom 28c. INJ	g cause	given in	eck only 6 G Ot 28d. D	PERF 1 YES one) her (Specify) ESCRIBE HO	2 MNO	CCURED	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 M NO
f sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury hat initiated events resulting in death) LAST PART II. Other aignificant condition 5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS /	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting petient 3 □ DOA 26b. Till IN	OF): OF): OF): OF MARKET OF MARKE	26. PIER: unsing Hom 28c. INJ	g cause	given in	6 Ot 28d. D	PERF 1 YES one) her (Specify) ESCRIBE HO	ORMED? 2 NO N INJURY O	CCURED	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	DUE TO DUE TO DUE TO DUE TO C. DUE TO	(OR AS / (OR AS / (OR AS / (OR AS / INJURY) (Par) A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting patient 3 DOA 26b. Tilling Y — At home, farm, city)	OF): OF): OF): OTHI 4 N ME OF JURY M street, fi	26. PI ER: lursing Horr 26c. INJ actory, office	g cause	given in DEATH (C) residence NO	6 Ot 28d. D	one) her (Specify) ESCRIBE HO CATION (Strain, Strain, Strai	ORMED? 2 NO W INJURY O	CCURED rer or Rural	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUÉ TO b. DUE TO c. DUE TO d	(OR AS / (OR AS / (OR AS / (OR AS / INJURY) (Par) A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting patient 3 DOA 26b. Tilling Y — At home, farm, city)	OF): OF): OF): OTHI 4 N ME OF JURY M street, fi	26. PI ER: lursing Horr 26c. INJ actory, office	g cause LACE OF ne 5 R JURY AT DRK? YES 2 se end place	given in	6 Ot 28d. D	one) her (Specify) ESCRIBE HO CATION (Strain, Strain, Strai	ORMED? 2 NO N INJURY O et and Numb ete) menner as st and due to	ccured rer or Rural tasted,	Boute Number, (e) end menner as stated.	
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other aignificant condition 15. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 17. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suickide 6 Could not be determined 19. CERTIFIER (Check only) 1 CERTIFYING PHYSIC	DUE TO DUE TO	(OR AS / (OR	A CONSEQUENCE C A CONSEQUENCE C A CONSEQUENCE C Dut not resulting patient 3 DOA 25b. Till IN Y — At home, farm, city) viedge, death occur on end/or investiget	OF): OF): OF): OTHI 4 N ME OF JURY M street, fi	26. PI ER: lursing Horr 26c. INJ actory, office	g cause LACE OF I no 5 R JURY AT PRK? YES 2 no end place death occur 29c. LIG	given in DEATH (C) residence NO	28f, LC	one) her (Specify) ESCRIBE HO CATION (Strain, Strain, Strai	ORMED? 2 NO W INJURY O et and Numb menner as si and due to	CCURED or or Rural tated.	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DIRECTION: After this certificate has been signed by the attending physician and completely fifled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

JUN 18 91

July Davidson-Randose

31. DATE FILED (Month, Day, Year)

a Savidan Randall

FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF I		MENTAL HYGIEN REG. NO.	E			
1. DECEDENT'S NAME (First, Middle, Las Charles	Richard		O'Neil		2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	3 199	1 12:37 P. M		
4. SOCIAL SECURITY NUMBER 200-03-3173	12∑3 M 2 □ F	71 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-21-20	V	IRTHPLACE (State or Foreign ountry) Vest Va.		
9e. FACILITY NAME (II not institution, give Physicians Memo				Plata	ATH	ec county of Cha	rles		
10a. STATE 10b. COUP	. Mary's		y, town on Loca Mechanic				10d. INSIDE CITY LIMITS? 1 YES 25 ND		
100. STREET AND NUMBER 515 Finch Cou	rt		10	7. ZIP CODE 20659		109. CITIZEN USA	OF WHAT COUNTRY?		
3 Widowed 4 Olvorced	12. WAS DECEOENT EVER IN FORCES? (XXYES) IF YES, GIVE WAR OR DA 1943-1945	2 NO	If yes, s	CENDENT OF HISPAN Decity Cuben, Mexica 3 2 ND Specify	IIC ORIGIN? (Specify Yee n, Puerto Ricen, etc.)		RACE — American Indian, Black, White, atc. Specify: White		
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	(Give kind of the Do NOT us	usual occupation work done during more retired.)	DN ost of working	16b. KIND OF BU	eway St			
0 17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maiden				
Charles A. O'	Nei1			Lela	Blake				
9 199. INFORMANT'S NAME (Type/Print) Margaret T. O'N	eil .		me as 10		Route Number, City or Tow	rn, State, Zip Coo	(6)		
20a METHOD OF DISPOSITION * Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	manual danus Chata	other place) 1d. Stat	e Vetera		Ch	20c. LOCATION — City or Town, State Cheltenham, Md.			
21. SIGNATURE OF PUMERAL SERVICE	Esta Gal			on, Md. 2	aum Lee Fu ander Ferr 0735	ineral I y Road	Home, Inc.		
23. PART I. Enter the diseases, shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	e. List only one cause on e	ach line.			claul-		Approximate interval Between Onset and Death		
Sequentially list conditions,	ь	CONSEQUENCE							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	eDUE TO (OR AS A	CONSEQUENCE	PFI:						
that initiated events resulting in death) LAST	d								
PART II. Other eignificent condit	ions contributing to death b	PERFO	1 YES 2 NO OF						
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)				
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs	oatlent 3 🗆 DOA	OTHER:		6 Other (Specify)				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	IJURY Y	AJURY AT PORK? YES 2 ND	28d. DE\$CRIBE HDW	INJURY OCCUR	EO		
	be 28e. PLACE OF INJURY building, etc. (Spe		street, factory, of	ice	28f. LOCATION (Street City or Town, State	LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Crieck drily	IYSICIAN: To the best of my know								
	FIER			29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Month, Day, Year)		
2 30. NAME AND ADDRESS OF PERSON	5	5 W	1.3	D-259	92	1 6	123/91		

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DING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after deal	After the confidence than trans circust for the observing plantings and completely filled in his the far
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10	1. DECE	DONAL		E. 05m	bna				6	M	ATE OF DEAT	Alo	YEAR 9	3. TIME OF DEA
	4. SOCI	AL SECURITY NUM	_	5. SEX		yrs. last birthday)	IF UNDER 1 YEAR		IF UNDER 24 HRS.	7. D	ATE OF BIRTH		8. BIRT	THPLACE (State or Fr
	21	8-24-037	76	1 🔀 M 2 🗌 F		60 YRS.	MONTHS DAYS	'S H	HOURS MIN.	No	ov. 27	, 1930		aryland
	9e. FAC	CLITY NAME (If not	institution, give	atreet end number)			9b. CITY, TOW	VN OR	LOCATION OF D	EATH		9c. CO	UNTY OF	DEATH
OR		uburban		al			Bethe	sda	a			Mo	ntgo	omery
RECTOR	10a, ST	DENCE OF DE	10b. COUN	ТҮ		10c, CI	TY, TOWN OR LO	CATIO)N	_		_	-	10d. INSIDE CITY
DIR	Mar	ryland	Mont	gomery		Ga	ithersb	uro	q					LIMITS?
AL	10e. STREET AND NUMBER							-	ZIP CODE		N 1	10g. C	ITIZEN OF	F WHAT COUNTRY?
ER	101	ll3 Blue	Tee T	errace				20	0879			Uni	ted	States
BY FUNER	1 🗆 No	RITAL STATUS ever Married 2 [//idowed 4 DI		12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 XNO	If yes,	, speci	NDENT OF HISPA Hy Cuban, Mexica NO Special	an, Pu			Ble	CE — American Indi ack, While, stc. ecily: White
G			ECEDENT'S ED		1		USUAL OCCUPA				16b. KIND OF	BUSINESS/II	NDUSTRY	
E	Elen	(Specify o	(0-12)	College (1-4 or 5	i+)	(Give kind of life. Do NOT L	work done during ise retired.)	moat (of working	- 1				
COMPL		12		_		Welder				-		tronic		
00		HER'S NAME (First,	- 4.011					1	16. MOTHER'S NA			27)	
BE		orl E. O				401 4417	0.40000000		Eilene				71- 0	
5							G ADDRESS (Street							MD 2087
		an M. Os			20h		3 Blue	_				_		
P	20b. METHOD OF DISPOSITION 1 Buriel 2 W Cremellon 3 Removal from State 4 Donetton 6 Other (Specify) Buriel 2 W Cremellon, crematory or other place) Montgomery Crematorium, Inc. Bethesda, Maryland													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ROBERT. A. PUMPhrey Fune													
			. 11 0	// . ^			Home	/RC	ockvill	e.	Inc.	300 W	lest	Montgome
			heart fallure	complications the List only one ca		the death. Do	not enter the	mode	ockvill , Rockv	e i11	Inc. .e, Ma	_	lest 20	Montgome)850 Approxim Interval E Onset an
Z	IMMEI diseas	shock, or	heart fallure	a. List only one ca	ruse on and	the death. Do	not enter the	mode	ockvill , Rockv	e i11	Inc. .e, Ma	_	lest 20	Montgome)850 Approxim
FICATION	IMMEI diseas result Seque if any, cause CAUS	shock, or DIATE CAUSE (f se or condition ing in death) ' entially list cond, leading to imn Enter UNDERI E (Disease or in	heart fallure Final ditions, nedlete LYING	a. DUE TO	O (OR AS A C	the death. Do	DF):	mode	ockvill , Rockv	e i11	Inc. .e, Ma	_	lest 20	Montgome)850 Approxim
CERTIFICATION	Seque If any, cause CAUS: that is	shock, or DIATE CAUSE (f se or condition ling in death) ' entially list cond, leading to imn be Enter UNDERL E (Disease or initiated events ling in death) Li	heart fallure Final	b. DUE TO C. OUE TO d.	O (OR AS A CO (OR AS A CO	consequence of	L CV DF):	mode	ockvill , Rockv e of dying, au	e i i i i	Inc. e, Mar cerdiec or r	eepiratory (Test 20 arrest,	Montgome 0850 Approxim Interval E Onset an
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ED BY PHYSICIAN: MEDICAL CERTI	Seque H any, cause CAUS; that is result PART	shock, or DIATE CAUSE (for see or condition ing in death) entially list cond, leading to import the second ing in death). Enter UNDERIE (Disease or initiated events ing in death) Laurie ing in death) Laurie Scase Reference AMINER? Notural 5 [Institute of Death Netural 5 [In	ditions, nediete LYING njury AST	b. DUE TO C. OUE TO d	O (OR AS A CO (OR AS A CO (OR	CONSEQUENCE CONSEQ	ortenter the Law of Law	lying 6. PLAN	Cause given in	e illich as	Inc. e, Mai cerdiec or r 24a. WA pe 100 Ytt Other (Specify I. Describe H	S AN AUTOPS RFORMED? ES 2 NO OW INJURY (est 20 arrest,	Montgome 850 Approxim Interval & Onset an
OMPLETED BY PHYSICIAN: MEDICAL CERTI	Seque If any, cause CAUS; that is result. PART 25. WAS 27. MAP	shock, or DIATE CAUSE (for see or condition ing in death) entially list condition, leading to imm. Enter UNDER! E (Disease or immitted events ing in death) L. II. Other algniff S CASE REFERRED AMINER? VES 2 NO NNER OF DEATH Netural 5 [Accident Suicide 6 [Homicide ERTIFIER Neck only	ditions, nedlete LYING njury AST Cant condition To MEDICAL Pending Investigation Could not be detarmined	b. DUE TO C. OUE TO d	O (OR AS A CO (OR AS A CO)))))))))))))))))))))))))))))))))))	the death. Do th line. CONSEQUENCE of CONSEQUENCE	oppi: DF): DF): OF): OF): OTHER: 4 Nursing the ME OF 28c. UJURY M 1 1 1 1 1 1 1 1 1	mode mode mode mode mode mode mode mode	Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in	e illich as	Inc. e, Mail cerdiec or r 1. 24a. Wa PE 10 YI 1. DESCRIBE H LOCATION (S City ar Town,	S AN AUTOPS RFORMED? ES 2 NO NO NO NO NO NO NO NO NO NO	Pest 20 arrest, 20 arrest, 20 arrest, 20 arrest, 20 arrest, 20 arrest 20 arr	Montgome 0850 Approximinterval & Onset an Onset
ED BY PHYSICIAN: MEDICAL CERTI	Sequel disease result library cause CAUS that is result library cause CAUS at library cause cause at library cause cau	shock, or DIATE CAUSE (for see or condition ing in death) entially list condition, leading to imm. Enter UNDER! E (Disease or immitted events ing in death) L. II. Other algniff S CASE REFERRED AMINER? VES 2 NO NNER OF DEATH Netural 5 [Accident Suicide 6 [Homicide ERTIFIER Neck only	D TO MEOICAL Pending Investigation Could not be detarmined ERTIFYING PHY EOICAL EXAMI	DUE TO DUE TO DUE TO C. OUE TO DOS CONTRIBUTING & C. OUE TO DOS CONTRIBUTING & C. OUE TO O (OR AS A CO (OR AS A CO)))))))))))))))))))))))))))))))))))	the death. Do th line. CONSEQUENCE of CONSEQUENCE	In the underly A DTHER: 4 Nursing Is ME OF 28c. JUNY M 1 street, factory, commend at the lime, of lion, in my opinion.	mode mode mode mode mode mode mode mode	Cause given in Cause given in Cause given in Cause given in Cause given in Cause given in	e illich as	Inc. e, Mai cerdiec or r 1. 24a. WA Inly one) Other (Specify) I. DESCRIBE H Control (S City or Town, the cause(e) en- date and place	S AN AUTOPS RFORMED? ES 2 NO Now INJURY (Itreet end Num State) d manner es ince, and due to	Pest 20 arrest, 20 arr	Montgome 0850 Approximinterval & Onset an Onset	

RNLAND 21203-3146

	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be alreached for use as the burial-transit permit. Pages 1, 2, 3 should		
	permit. Pages		
physician.	burial-transit		
If or attending	for use as the		
Toward of	be detached		at once.
ay be retail	page 5 should		be notified
ath. Page 6 m	ineral director,		aminer must
Cours after de	led in by the ft	or removal.	medical ex
HYSICIAN: The law requires that the death certificate be executed within 25 Hours after death. Page 6 may be returned to make a stending physician.	completely fill	s with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ificate be exec	physician and	ane prior to bu	her traumati
the death cert	y the attending	d Mental Hygie	injury, or ot
w requires that	been signed by	rt. of Health an	shows any
SICIAN: The lan	certificate has	the State Dep	I, or Item 23
TENDING PHYS	OR: After this	fter death with	8 is marked
THE HOSPITAL OR ATTENDING PHYS	THE FUNERAL DIRECTOR: After thi	filed within 72 hours after death v	ORTANT: If Item 28 is marke
THE HO	THE FUN	filed with	APORTAN

CERTIFICATION

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ROSE PERLYN DAY 91 IRENE 6 26 2342 M 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs, last birthday) a. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 123-09-3012 1 M 2 F 86 YRS JUNE 7, 1905 **NEW YORK** SHADY GROVE ADVENTIST HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MONTGOMERY ROCKVILLE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY **POTOMAC** 1 - YES 2 X NO 104 STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8803 LIBERTY LANE 20854 U.S.A 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — American Indian, Black, White, etc. If yea, specify Cuber 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES Specify: Specify: 3 X Widowed 4 Divorced WHITE 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16h KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Collega (1-4 or 5+) 12 HOMEMAKER DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) **ABRAHAM SCHORR** LAURA SAUERHOF 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) JOYCE BUSCHELL (DAUGHTER) 8803 LIBERTY LANE, POTOMAC, MD 20854 20a METHOD OF DIPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State mation 3 - Removal from Si KING DAVID MEMORIAL GARDEN □ Donation 📢 Other (Specify) FALLS CHURCH, VA 21. SIGNATURE OF FUNERAL BEHVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC. Jake 1170 ROCKVILLE PIKE, ROCKVILLE, 23. PART I. Enter the discusse, Dr complications that caused the decahock, Dr heart failure. Liet only one cause on each line. ss, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final 0

resulting in death) a. Short								
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE C	l ufanctin		72				
PART II. Other algolficant conditions	contributing to death but not resulting	in the underlying cause given in	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO	24b. WERE AUTOPSY FINGINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
5. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEATH (C	heck only one)					
EXAMINER?	HOSPITAL: 1 (Ainpatient 2 - ER/Outpatient 3 - DOA	OTHER: 4 □ Nursing Home 6 □ Residence	6 Other (Specify)					
7. MANNER OF DEATH 1 X Natural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 26b. Til	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCU	REO				
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	261, LOCATION (Street and Number of City or Town, State)	r Rurel Route Number,				

29a. CERTIFIER 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated (Check only one)

2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Morth, Day, Year)
D_Trustians	27941	► 6/27/9/

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

15225	SHAOY	GROVE	RS	Ruckville	mo	20850
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31. DATE FILEO (Morth, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson Randell 1" . . b . b

n in the Contlin Bases 199

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3	J	at
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 mous after death, Page 6 may be retained by the hospital of the hospital of the page 10 may be retained by the hospital of the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shaulder of the first after death with the State Dect. of Health and Mental Hotelere orlor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be potified at once.
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age 6	direct	E H
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cate	physic pri	er ti
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N: T	State	Item
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PHY	this	arked
DING	After	E
TTEN	30R	28
DR A	DIREC	Fea
IAL	A C	=
dSO	UNE	ANT
里	HE F	ORI
2	TO THE FUNERAL DIRECTOR: After this certificate heas been signed by the attending physician and completely filled in by the first within 20 hours after health with the State Dect. of Health and Mental Hotelee prior to burial, cremation, or removal.	E
	10	-
	10	

	- REGISTRAR		CERTIFI	CATE O	FDEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	AY YE	3. TIME OF DEATH		
	Anna Howar	d Rus	sell P	ipes		7			м	
	4. SOCIAL SECURITY NUMBER 5. SEX	-	rs. last birthday)	-	IF UNDER 24 HRS.	7. DATE OF BIRTH	6.	BIRTHPLACE (State or Forei	ign	
	386-20-2626 1□M2 Ø	76	YAS.	MONTHS DAYS	HOURE MIN.	July 8,1	914	76		
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN	OR LOCATION OF DE		OF DEATH			
DIRECTOR	Holy Cross Hospital		Silve:	r Spring		Mont	gomery			
B	10e. STATE 10b. COUNTY		10e. CITY	TOWN OR LOC	CATION			10d. INSIDE CITY		
뜻 l	Michigan Ingham		La	nsing				LIMITS?	0	
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	519 West Street				48915		U.S	.A.		
5	FORCERS	ENT EVER IN U.	S. ARMED		ECENDENT OF HISPAN specify-Cuben, Maxice	NIC ORIGIN? (Specify Ye	a or No- 14.	. RACE - American Indian, Black, White, atc.		
BY		E WAR OR DATE			ES 2 🖰 NO Specif			Specify: Black		
	15, DECEDENT'S EDUCATION	-16	a. DECEDENT'S	USUAL OCCUPA	TION	16b. KIND OF BU	SINESS/INDUS	TRY		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+)	life. Do NOT usi	ork done during retired.)	most of working	Lansin	g Com	munity		
립	12 8		Colleg	e Pro	fessor	Colleg		4		
COMPLET	17. FATHER'S NAME (First, Middle, Last)				-	ME (First, Middle, Meiden	Surname)			
0	Harvey Clarence Ru	ssell			Harrie	t Tucker				
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Stree		Route Number, City or Tox		ode)		
2	Harriette P. McAdoo		3034	Ches	tnut St.	.N.W. Wa	sh.D	.C. 20015	,	
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from State	20b. P	LACE OF DISPOS		cemetery, crematory or	20c. LC	CATION — City	y or Town, State		
	1 Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	0	ther place)	ropolitan Crematory Alexandria, Viro						
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE	1	,	22. NAME	AND ADDRESS OF FA	CILITY Takon	a Fun	eral Home		
	* William 1. C	ma	1					h.,D.C.20		
	23. PART I. Enter the diseases, or complications							t, Approximat	le .	
	shock, or heart fallure. List only one IMMEDIATE CAUSE (Final	ceuse on eac						Interval Bet Onset and		
	disease or condition Cardio	Keso)	raton	and	ex					
1	resulting in death) a. Due	TO (OR AS A C	ONSEQUENCE/OF		01		1 1	/		
2	- A	ine oh	ma	Oly	Stomac	h Enu	etata	84		
0	Sequentially list conditions, if eny, leeding to immediate	TO (OR AS A C	ONSEQUENCE OF): (
S	ceuse. Enter UNDERLYING CAUSE (Disease or injury	vasa	1Ca							
Ē	that initiated events	TO (OR AS A C	ONSEQUENCE OF):						
CERTIFICATION	reaulting in death) LAST									
	PART II. Other significant conditions contributing	to death but	not resulting i	n the underly	ing cause given in	Part I, 24a, WAS A	N ALITOPSY	24b. WERE AUTOPSY FIN	DINGS	
DICAL	Elevated III	1	(D1) B	A DO	temp	S- PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION OF CA	O	
	Dr. 3 la Call	To 1	000	acre	- rung	1 TYES	2 NO	OF DEATH?		
ME	position sep	575						1 TYES 2 NO	0	
Ž										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL	:		OTHER:	PLACE OF DEATH (C/	neck only one)				
YSI		2 ER/Outpati		4 - Nursing H	ome 6 - Residence	_				
PH	(Mon	h, Day, Year)	28b. TIM	URY	INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCUP	RED		
BY	2 Accident Investigation				YES 2 NO					
	8 Could not be build	E OF INJURY — Ing, atc. (Specify	- At home, farm, a	treet, factory, o	ffica	281. LOCATION (Street City or Town, State		Rural Route Number,		
=	4 Homicide determined									
COMPLETED	(Check only one)									
0	2 MEDICAL EXAMINER: On the besia	of axamination a	and/or investigation	n, in my opinio	, death occured at the	time, date end place, e	and due to the o	ceuse(s) end manner es sta	rted.	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE NU	MBER	29d. DATE S	SIGNED (Mylisth, Day, Year)		
BE	1 heldrun	0			0370	202		12 191		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEAT	H (ITEM 27) (Type,	Print)	2	1	1	/		
	1111 SPRING CO	7 5	11 VER	SPR	ING.	MD. 2	09/18	1		
	31. DATE FILED (Month, Opp, Year) 32. REGIS	TRAR'S SIGNAT	URE	. , .	1					
	/-	avidson (Banda 00							
	000/10/10/10	and account	Valua Co					DHMH-16	Rev 1/R	
								Petimer, 1.0	1107 TE	

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FOR STATE REGISTRAR

	t. DECEDENT'S NAME (First, Middle, Last)	vard P	iper			2. DATE OF DEATH		YEAR 3.	TIME OF DEATH	
		SEX 6. AGE (In	MONT	NOER 1 YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yee 5/7/	24	Country)	ACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give street a Holy Cross Hospi RESIDENCE OF DECEDENT				n'ng 1		MOV		omery	
DIRECTOR	Maryland Prince George's College Park									
FUNERAL									S.A.	
À		WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE WW I I	2 NO	if yes, spec		IC ORIGIN? (Specify , Puerto Rican, atc.		4. RACE — Black, V Specify:	American Indien, White, atc.	
IPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade complete the complete state of the c	oleted) ollege (1-4 or 5+)	6a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retir (Perating	ione during most red.)	of working	100000000000000000000000000000000000000	BUSINESS/INDUS		tution	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Howard F. Piper 190. INFORMANT'S NAME (Type/Print)				18. MOTHER'S NAI Ada E.	Wagner Wagner				
5	Bertha Piper								ryland 20	
	23. PART I. Enter the classes, or companock, or neer fellure. Liet IMMEDIATE CAUSE (Final classes or confillion	plications that caused to only one cause on each	the deeth. Do not e	Francis 4739 Banter the mod	altimore e of dylng, such	s Sons E Ave., H	lyattsvi	11e,	MD 2078	
ATION.	IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Pleumonia and Bacteremia Pue to (or as a consequence of): Lung Caucer Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST									
MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part I. 10 NO PERFORMED? 1 YES 2 NO							24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		HER:	CE OF DEATH (Ch					
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU WOF	RY AT	8 Other (Specify) 28d, DESCRIBE H		IRED		
ETED 8	2 Accident Investigation 3 Suicide 8 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or City or Town, Stelle)								rte Number,	
COMPLE	Constant City	I: To the best of my knowle in the basic of examination							end manner as stated.	
TO BE	29b. 849Mature and title of certifier	wer , a	W)		29c. LICENSE MUN 82/46	BER 7	► 6/	SIGNED A	fonth, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO CO	MID /06/	RYNG-ST	N.W	WH.	DC 200	10			
	JUL 0 1 91 Just	a Davidson-Ran	dell						hu.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 2400

physician.

burlatransit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH

	1. DECEDENT'S NAME (First, Middle, Last) Mildred Hardy	Peltier			-			YEAR	ME OF DEATH
			E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	-	91 B. BIRTHPLACI	E (State or Foreign
	218-34-6043	□ M 2 X F	85 YRS.	MONTHS DAYS	HOURS MIN.	02/12/06	W	ashing	gton, DC
-	9a. FACILITY NAME (If not institution, give stree	(and number)		1000	OR LOCATION OF D	EATH		Y OF DEATH	
DIRECTOR	6901 100th Avenue			Seabı	COOK		Princ	e Geor	ge's
	10a. STATE 10b. COUNTY		10c, Cl	TY, TOWN OR LOCA	TION				INSIDE CITY
	Maryland Prince	George's	5	Seabrook	f. ZIP CODE		10g CITIT		YES 2 NO
FUNEHAL	6901 100th Avenue				20706			S.A.	- Animi
Z Z		2. WAS DECEDENT EVER		13. WAS DEC	CENDENT OF HISPA	NIC ORIGIN? (Specify Ye		14. RACE — Ar	nerican Indian,
	1 Never Merried 2 Married 3 X Widowed 4 Divorced	FORCES? 1 XYE IF YES, GIVE WAR OR Un	S 2 NO DATES KNOWN	if yea, st	pecify Cuben, Mexico 3 2 X NO Specif	an, Puerto Rican, etc.)		Black, White Specify:	White
	15. DECEDENT'S EDUCAT	TON	16a, DECEDENT'S	S USUAL OCCUPATI	ON	16b, KIND OF BU	SINESS/INDI	STRY	MILLE
	(Specify only highest grade co	mpleted) College (1-4 or 8+)	(Give kind of life, Do NOT	work done during me	oet of working	TOOL KIND OF BO	SINC33/INDO	JINI	
COMPLETED	12th	2 yrs.	Housev	vife		Own	1 Home		
5	17. FATHER'S NAME (First, Middle, Last)	1			18. MOTHER'S NA	AME (First, Middle, Malden			
u II	William Hardy				Emma	Garner			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rural	Route Number, City or You	vn, State, Zip (Code)	
	Joan Lyons		6901	100th Av	renue, Se	abrook, Ma	arylan	d 207	06
	20a, METHOD OF DISPOSITION 1 Ty Burlel 2 Cremetion 3 - Remove	al from State	other place)				-	lfy or Town, S	tete
	4 Donation 5 Other (Specify)	11-		coln Ceme					ryland
	21. SIGNATURE OF PUNERAL SERVICE LICEN	()	/	Franci	ND ADDRESS OF THE	S Sons Fur	eral	Home,	PA
	1 /45. L. F	-// (1				Ave., Hya			
CENTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	A CONSEQUENCE OF A CONSEQUENCE OF	OF):					Onset and Deat
- 11	PART II. Other significant conditions	contributing to death	but not resulting	in the underlying	ng cause given in	Part i. 24a, WAS AI	N AUTOPSY	24b. WER	E AUTOPSY FINDINGS
	Cortestno		Failure			PERFO	RMED?	AWAR COM OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	LACE OF DEATH (C	heck only one)	<u> </u>		
		☐ Inpatient 2 ☐ ER/O		4 - Nursing Ho		6 Other (Specify)			
THE SECTION .	1 Diffiturel 8 Pending	(Month, Day, Yes	Y 286. TI	VJURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	UHED	
	2 Accident Investigation	28e, PLACE OF IN.II	RY — At home, farm,		YES 2 NO	28f. LOCATION (Street	and Number	or Rural Bouts	Vienhar
3	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	,, 1201019, 0111		City or Town, State)	- num noute	variables,
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA 2 MEDICAL EXAMINER:								manner as stated.
- 11	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d. DATE	SIGNED (Mon	th. Day, Year)
3	World YV	1 Atter	Ly phy	ricia	1250	79	D 4	0/24/	91
	30. NAME AND ADDRESS OF PERSON WHO	1	DEATH (ITEM 27) (Type	De Creen	belt Rd	Swite 101	10	brock 1	no 2010L
	31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		0	-				
	JUL 0 1 91 d.	Br. Marida 7							
	0	The state of the s	Total Control						DHMH-16 Rev 1
			(10)						

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CH	9 e	ector.		MUS.
BALLIMOR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within thours after death. Page 6 m	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
AL	death	fune		ехап
D	after	by th	mova	cal
	Suno	ui p	or re	шед
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Tra Perry 198. INFORMANT'S NAME (**ppoPrint) 199. MAILING ADDRESS (Street and Number or Rural Found Number, City or Town, State, Zp Code) 190. METAL J. Perry 190. METAL Avenue, New Carrollton, Mary J. 190. METAL Selection of Dispoprion of State Selection, Mary J. 190. METAL Selection of Dispoprion of Selection of Mary J. 190. METAL Selection of Dispoprion of Selection of Mary J. 190. METAL Selection of Dispoprion of Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. METAL Selection of Mary J. 190. MAILING ADDRESS (Street and Number, City or Town, State, Zp Code) 190. Mary J. 200. METAL Selection of Mary J. 201. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on asch line. IMMEDIATE CAUSE (Fine) IMMEDIATE CAUSE (Fine) 190. METAL J. 190. MARY J. 202. PART II. Other significant conditions, I. 202. MARY J. Leading to immediate cause. Enter UNDERLYMO (August J. Mary J.) 203. METAL J. 203. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 204. Was AN ANTOPPY PERFORMED? 190. MAINTER OF DEATH 190. MARY J. 204. DIVINING TO Street and Number or Famil Following the Mary J. Leading to Immediate Cally of Down, Stein J. 204. December 2 ENOUGHER INJURY J. DESCRIPTION (Month, Day, New) 205. PLACE OF RAUBY J. LECTION (Street and Number or Famil Following) 206. DESCRIPTION (Mary Day, New) 207. MAINTER OF DEATH 190. DESCRIPTION (Month, Day, New) 208. DESCRIPTION (Mary Day, New) 208. DESCRIPTION (Mary Day, New) 209. Description of Death Mary Description of Death Mary Description of Death Mary Description of Death Mary Description of Death Mary Description of Death Mary Description of Death Mary Descr	
Marian J. Perry 6122 84th Avenue., New Carrollton, Maryl 20a. METNOD or DISPOSITION (Mame of cemetary, crematory or METTO politan Crematory 20a. LOCATION - City or Tor METTO politan Crematory 20b. PLACE OF DISPOSITION (Mame of cemetary, crematory or Alexandria, Alexandria, Crematory) 20c. LOCATION - City or Tor METTO politan Crematory 20c. LOCATION - City or Tor METTO politan Crematory 20c. LOCATION - City or Tor METTO politan Crematory 20c. LOCATION - City or Tor Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or Tor Sinth Methods 20c. Location - City or To	
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23. PART I. Efter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory errest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fined disease or condition resulting in death) a	•
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	Approximata Interval Betwee Onset and Das 2 YEA
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpetient 2 ER/Outpetient 3 DOA 4 Worsing Home 5 Residence 8 Other (Specify) 28. DATE OF INJURY 1 Natural 8 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office	
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	ite Number,
one) 2 MEDICAL EXAMINER: On the beele of demination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e)	and manner as stated
29b. SIGNATURE AND STITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED	
Rogut. Andamber 705891 > 6-24	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	

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1	-	STATE REGISTR	AF
1	D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.	- 14	
1. DECEDENT'S NAME (First, Middle, Last)	0 1-	2000	,	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH
MAG		POWEL		6.17.	7/	2. 40
4. SOCIAL SECURITY NUMBER 260-10-9731	5. SEX 8. AG		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/7/1900	Country	PLACE (State or Foreign) 1sta, Ga.
9a. FACILITY NAME (If not institution, give at		SPITHL	b. CITY, TOWN OR LOCATION OF D		c. COUNTY OF DE	ATH
RESIDENCE OF DECEDENT		SPIINC	CANTON		PRINC	E GEORGE
Md. Princ	ce Georges		inton		-21	10d. INSIDE CITY LIMITS? 17 YES 2 ND
100. STREET AND NUMBER 12906 Glynis R			10f. ZIP CODE 20735	1	U.S.A.	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 YES 2 XNO Special	an, Puerto Rican, etc.)	No- 14. RACE Black Specifi	— American Indian, , White, etc.
15. DECEDENT'S EDUC		16a, DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BUSIN		gro
(Specify only highest grade Elementary/Secondary (0-12) 12th grade	College (1-4 or 5+)	Housewi	k done during most of working retired.) fe	N/A		
17. FATHER'S NAME (First, Middle, Last)		110400011		AME (First, Middle, Maiden Sur	name)	
Phillip Mack			Elizab	eth Mack		100
19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or Rural			
Joseph Montgom	144	12906	Glynis Road FOISPOSITION (Name	Clinton	Mary	land 207
20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remote Donation 5 Other (Specify)	oval from State	metary, crematory or	In Cemetery	Bren		Marylar
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE)	10	22. NAME AND ADDRESS OF F	ACILITY		- Mary Lai
- CHUT	ix wit	Jennes	W.H. Bacon 3447 14th			
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO (OR X	S A CONSEQUENCE OF:	marres 1			Onset and Dea
Sequentially list conditions, if any, leading to immediate		S A CONSEQUENCE OF):	214.1			
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF)	reg	-		
reaulting in death) LAST	a. (L) H	- Il	8-1			
PART II. Other significent condition	contributing to death	but not resulting in	the underlying cause given in	Part I. 24a. WAS AN AU PERFORMI	D?	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
-						1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	theck only one)		
EXAMINER?	HOSPITAL:		OTHER:			
27. MANNER OF DEATH	28a. DATE OF INJUS (Month, Day, Yea		OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJ	URY OCCURED	4
Netural 6 Pending 2 Accident Investigation		JRY — At home, farm, str	M 1 YES 2 NO	261. LOCATION (Street and	I Number or Burel I	Poulle Mumber
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S		and marking arrived	City or Town, State)		
Crieck Drily			at the time, data and place, and do) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		ey mo	29c. LICENSE N			(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, I	Print) GG 7/	was De		nio
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31. JUN T 8 9 Day, Your)	Julia Daydan	gnature fandale.			-	
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aher death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number,

DOCTORS COMMUNITY HOSPITAL

A SOCIAL SECURITY NUMBER

213-44-6797

LANHAM

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

PLYMPTON

6. AGE (In yrs. last birthday) IF UNDER 1 YEAR

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BALTIMORE, MARYLAND 21203-3146

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after death.

executed within BOX 13146,

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certificate

law requires that the death

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HOSPITAL OR ATTENDING

P.O.

DIVISION OF VITAL RECORDS,

DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BOWIE 10b. COUNTY Prince George's Maryland 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 20715 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit 3617 Maureen Lane WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 1 Never Married 2 Married 1 YES 2 NO Specify BY 3XXWidowed 4 Divorced No ETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Secretary COMPL once. 17. FATHER'S NAME (First, Middle, Last) William Jones Bertie P. To BE notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Same as # 10 Robert Plympton director, page 5 pe 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 29a. METHOD OF DISPOSITION

1 Translated Communication Communication State

4 Translation 6 Other (Specify) must Ft. Lincoln Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY funeral Beall-Evans Funeral Home, P.A. 1/les stans n by the f medical 23. PART I. Enter the disesses, or complications ther caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, and completely filled in by to burial, cremation, or remoshock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel the cremation, disease or condition resulting in death) pneumonia event. DUE TO (OR AS A CONSEQUENCE OF): sepsis traumatic CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): 0 If any, leading to immediate cause. Enter UNDERLYING the attending physician in Mental Hygiene prior to hypoteuscoin CAUSE (Diseese or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events respiratory resulting in death) LAST failure 10 amy injury. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL signed by the peripheral vascular ornges tive peen 6 has be Dept. (PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26, PLACE OF DEATH (Check only one) the State ltem. **EXAMINER?** HOSPITAL:
1 Vinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 8 Residence 6 Other (Specify) 6 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? with b marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 69 8 Could not be COMPLETED 58 4 Homicide 29a. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL | IMPORTANT: 19 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. Attending 29c. LICENSE NUMBER BE HE HE David a. Boetcher , M.D. Physician MO EF 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) David A. Boetcher, M.D. 14300 Gallant Fox lu.

Sul Jan GREGISTRAN'S AGNATURE

H ARVEY

5. SEX

1 - M 2 X F

2. DATE OF DEATH 3. TIME OF DEATH JÜNE 15, 1991 9:55 P. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign June 27,1915 Washington, D.C. 9c. COUNTY OF DEATH PRINCE GEORGE'S 10d. INSIDE CITY 1 X YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? United States 14. RACE — American Indian, Black, White, etc. Specify: Caucasian 16b. KIND OF BUSINESS/INDUSTRY Library-U.S. Gov't 18. MOTHER'S NAME (First, Middle, Maiden Surname) (UNAVAILABLE) 20c. LOCATION — City or Town, Blate Brentwood, MD 16000 Annapolis Rd. Bowie, MD 20715 Approximate Interval Between Onset and Death 3 wks 1 42 hr 3 mks 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO 1 TYES 2 NO 28d, DESCRIBE HOW INJURY OCCURED 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) D16063

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peripheral vascular interestive heart failure

TO BE COMPLETED BY FUNERAL DIRE

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BALTIMORE, MARYLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR.	Plou	iter
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_	10	TO THE FUNERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	REG	NO.		
					2. DATE OF DEAT	DAY	YEAR 3. TIN	E OF DEATH
Clementina	NMN	PREVOST			JUNE 19			44 A
SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	ar)	6. BIRTHPLACE Country)	(State or Foreign
06-68-3715	1 🗆 M 2 💢 🗜	78 YRS.			Sept.18		Domin	ica
. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		JNTY OF DEATH	
DOCTORS COMMUNIT	YHOSPITAL	LA	NHAM			PRIN	CE GEOR	GE'S
a. STATE 10b. COUNT	Y	10c. CITY,	TOWN OR LOCA	TION				NSIDE CITY
aryland Prin	ce George	s Gree	nbelt					YES 2 NO
STREET AND NUMBER		1751	10	I. ZIP CODE			TIZEN OF WHAT O	
211 Spring Hill		201		20770		Com	monweal minica,	WestInd
MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Speci an, Puerto Rican, at	fy Yea or No-	14. RACE — Am Black, White	erican Indian.
Widowed 4 □ Divorced	IF YES, GIVE WAR			2 NO Speci		,	Specify:B1	ack
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	ISUAL OCCUPATION	nn	Tab KIND O	F BUSINESS/IN	DUSTON	
(Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	ork done during mo retired.)	al of working	TOD. KIND O	F BUSINESS/III	DUSTRI	
10	conege (1-4 of 8+)	Homemak	er		Own	1 Home		
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, M	alden Sumame)		
UNKNOWN		Prevost		The same	UNKNOW	N		
. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	and Number or Rural	Route Number, City of		ip Code)	
ennifer Hamlet R	ohinson	6211 9	bring F	111 C+	#201 Gre	enhel+	MD 20	770
. METHOO OF DISPOSITION Buriel 2 Cremetion 3 Rem		20b. PLACE OF DISPOSI				c. LOCATION -	- City or Town, Sta	ita
Donetion 6 Other Specify)	IOVAI From State	Mrigot Ce	meterv.	Marigot	Village	Commo	nwealth	of
SIONATURE OF FINEMAL SERVICE LIC	CENSES	,	22NAME A	NO ADDRESS OF F	Lanham H	Junoral	Ното	
> 4) white	1X	4/1-			is Rd.,I			4 20704
IMEGIATE CAUSE (Finel sease or condition auiting in death)	a. Due to (o	A A CONSEQUENCE OF	y ch	unfling	/			Minute Water
equentially list conditions, any, isading to immediate nuse. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST	c	R AS A CONSEQUENCE OF					0	
RT II. Other algolificant condition	e contributing to de	eth but not requiting in	the underlyin	a course about to	Boot I Day W	AS AN AUTOPSY	I au were	AUTOPSY FINDIN
				g cader given ii	PE	ES 2X NO	AVAILA COMPI OF DE	BLE PRIOR TO LETION OF CAUS
WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	neck only one)			
EXAMINER?	HOSPITAL:		OTHER:			d		
1 DEYES 2 NO	26a, DATE OF IN			IURY AT	6 Other (Specify 28d, DESCRIBE I		CCURED	
1 YES 2 NO			IRY WO	YES 2 NO	Lee. DECOMBE I	HOORI OC	JUSTILLE	
MANNER OF DEATH 1 Netural 6 Pending	(Month, Day,							
MANNER OF DEATH	28e. PLACE OF I	NJURY — At home, farm, st					er or Rural Route No	umber,
MANNER OF DEATH Netural 6 Pending Investigation Accident Investigation Buildle 6 Could not be		NJURY — At home, farm, st (Specify)			261. LOCATION (S City or Town,		er or Rural Route No	umber,
MANNER OF DEATH Netural 6 Pending Investigation Accident 1 Could not be determined CERTIFIER Check only CERTIFYINO PHYSI	28e. PLACE OF I building, atc	NJURY — At home, farm, st (Specify) r knowledge, death occurred ination and/or investigation	reet, factory, office	a and place, and du	City or Town,	State) d manner as atr	eted.	
MANNER OF DEATH Netural 6 Pending Investigation Accident 1 Could not be determined Certifier 1 Certifyino Physical	28e. PLACE OF I building, ate lician: To the best of m	knowledge, death occurred	reet, factory, office	a and place, and du	City or Town, a to the cause(a) an a time, data and pla	d manner as at	eted.	nanner sa statec
MANNER OF DEATH Netural 6 Pending	28e. PLACE OF I building, ate lician: To the best of m	knowledge, death occurred	reet, factory, office	a and place, and du	City or Town, a to the cause(a) an a time, data and pla	d manner as at	ated. the cause(a) and n	nanner sa statec

BALTIMORE, MARYLAND 21215-0020	24 hours after death, Page 6 may be retained by the hospital or attending physician. filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the page 5 should be detached for use as the burial-transit permit.	De fied within 22 fours arise death with the state deep, or freeze any injury, or other traumatic event, the medical examiner must be notified at once.

19656 91

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			NTAL HYGIENI REG. NO.	91	19656
	1. DECEDENT'S NAME () St, Middle, Last)	na M	Pan	150		DATE OF DEATH	9-9 YEAR	3. TIME OF DEATN
d	4. SOCIAL SECURITY NUMBER 577–48–9740	5. SEX 6. AGE (HS DAYS	HOURS MIN. 7.	(Month, Day, Year) March 1,	Cou	TNPLACE (State or Foreign ntry) New York
HO HO	So. Mony Par	\sim \prime	itees 90.0	CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY OF	DEATN
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY, TOV	VN OR LOCATI	ON			10d. INSIDE CITY
		nce George's	Up	per Ma	rlboro			1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER 8507 James Stre		-		ZIP CODE 20772			WHAT COUNTRY?
A L	11. MARITAL STATUS	12. WAS DECEDENT EVER IN			ENDENT OF HISPANIC	ORIGIN? (Specify Yes	or No.— 14. RA	S.A. CE — American Indian,
R	1 Never Married 2 Married 3-Wildowed 4 Divorced	FORCES? 1 _ YES			cify Cuben, Maxican, F ▼[] NO Specify:	Puarto Rican, atc.)	100	white, etc. White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S USUA (Give kind at work d life. Do NOT use retin	one durina mos	N t of working	16b. KIND OF BUS	INESS/INDUSTRY	
P.E.	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak			Own	Home	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME		Surname)	
BE	Anthony Donner 19a. INFORMANT'S NAME (Type/Print)	runo	Las management	500 (0	Anna Me			
2	Lucille Cardell	lino		as 10a	nd Number or Rural Rout -10f •	te Number, City or Town	n, State, Zip Code)	
	20a. METNOD OF DISPOSITION XX Burial 2 Cremation 3 Rem	201	b. PLACE AND DATE OF I	DISPOSITION	(Name		CATION — City or	
	4 Donation 5 Other (Specify)		Resurrecti		etery 6-1 D ADDRESS OF FACIL		inton,M	
	Court 1	at 9		6633	Old Alexa on, Md. 20	nder Ferr	y Road	me/Inc.
HILLICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	A CONSEQUENCE OF):					Approximata Interval Between Onset and Death
CER	resulting in dasth) LAST	d						
BY PHYSICIAN: MEDICAL (PART II, Other aignificant condition Hiller Numes	a contributing to death to	but not resulting in th	e Underlying	cause given in Pa	ert I. 24a. WAS AN PERFOR	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТ	26. PL HER:	ACE OF DEATN (Check	only one)		
HYS	1 TES 2 NO 27. MANNEB OF DEATN	1 Inpatient 2 ER/Out	patient 3 100A 4 1 26b. TIME OF INJURY	28c. (NJ	9 5 Residence 6 URY AT 2	Other (Specify)	NJURY OCCURED	
<u> </u>	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		RK? (ES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUM building, etc. (Spe	Y — At home, farm, street offy)	, factory, office	2	6f. LOCATION (Street a City or Town, State)	end Number or Run	el Route Number,
COMPLE	(Crieck Orlly	SICIAN: To the best of my know ER: On the besis of examination						e(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIE	Country	mo		Dal2	-30	29d. DATE SIGN	IED (Month, Day, Year)
	30 HAME AND ADDRESS OF PERSON WITH	COMPLETED CAUSE OF DE	EATN (ITEM 27) (Type, Print	796	Layburn.	Ct.Cp	Spr. %	14 20748
	JON 20 91	Julia Davida	MATURE AND ARE	/				

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B.	5 5	le le
ITAL OR	RAL DI	H Item
DSPITAL OR	INERAL DI	INT: If Iten
E HOSPITAL OR	E FUNERAL DI	RTANT: If Iten
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has each with the State Dear of Health and Mental Hundric to hunts comparing or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner mu

•	FOR STATE REGISTRAR	TATE OF MARYLAND / CI	DEPAR	TMENT	OF H	EALTH DEAT	AND M		YGIENE EG. NO.		J 1	13	001
į	1. DECEDENT'S NAME (First, Middle, Last)	0						2. DATE OF D		,	YEAR	3. TIME OF D	
		Charl SEX 6. AGE (in yrs. ins	nt hirthrims)	IF UNDER	1 VEAD	IF UNDER	24 MD0	7. DATE OF B	24	- 91	A BIDTI	HPLACE (State of) A M
	The second secon	M 2 PF 81	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day	7. Year)	//	Count		roraign
	9a. FACILITY NAME (If not institution, give street a	and number)					ON OF DEA			9c. COUN	TY OF D	EATH	_
O.	Shady Grove Adv.	. Hosp		Ro	CK	ville	e			Mor	+9	16 mes	1
EG	10a. STATE 10b. COUNTY	9	10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE (/ SITY
ā		Mary's	ŀ	Holly								1 TYES 2	
FUNERAL DIRECTOR	Star Rt. 2,Box 3	2/1			101	206				10g. CITIZ		WHAT COUNTR	Y7
NE I	11, MARITAL STATUS 12.	WAS DECEDENT EVER IN U.S. AF	RMED	13. \	MAS DEC			C ORIGIN? (S	pecify Yea	or No.—	US 14. RACI		Indian.
F	1 Never Merried 2 Married	FORCES? 1 YES 3 TO	NO	t	f yes, spi			Puarto Ricer			Spec	E — American i k, White, etc.	
D BY	3 WWildowed 4 Divorced 15. DECEDENT'S EDUCATION	Ni Liona			201104710			Lan Mar	0.05.000		LA TORNA	Whi	te
ETE	(Specify only highest grade comp	oleted) (G	Bive kind of Do NOT u	work done of se retired.)	during mo	st of workin	g	166. KIN	ID OF BUSI	INESS/IND	USTRY		
APL.	12		Homer	naker						Own 1	Home	>	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	Willia				18. MOTI		IE (First, Middl	e, Maiden S	Surneme)			
BE	unk. 190. INFORMANT'S NAME (Type/Print)			ADDRESS	/Dan et e		un		3h F	Dana Wa	0-4-1		
2	John Pritchard	19		me as				oute Number, C	any or lown	i, State, Zip	Code)		
	20a. METHOD OF DISPOSITION 1 X Buriat 2 Cremation 3 Removat	20b. PLACE other p	OF DISPO			-			20c. LOC	CATION —	City or To	own, State	
	4 Donetion 6 Other (Specify)	Ce		Hill					Su	itla	nd.N	1d.	
	21. SIGNATURE OF FUNDIAL SHVICE LICENS			1 6	6633	01d	A1ex	ander	e Fun Ferr	nerai Ty Ro	ad	me, Inc.	
-	16 Bles		- M - D -		Clin	ton, N	1d. 2	0735					
	23. PART / Enter the diseases, or company shock, or heart fellura. Liet	only one couse on each line	eeth. Do	not enter	the mo	de Di dy	ing, such	as cardiac	or respir	ratory srn	eet,		il Between
	IMMEDIATE CAUSE (Finel disease or condition	Acu	te	L	0	IK	er	m	0			Oliset	siid Destii
	resulting in death) a	DUE TO (OR AS A CONSE	OUENCE C	PF):		•		-					
N	Sequentially ilst conditions, b.	DUE TO (OR AS A CONSE	20									_	
AT	if any, leading to immediate ceuse. Enter UNDERLYING	Lings	U A		01	20 ~	do	it	Dro	ale	et	ولي	
F	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	QUENCE	PF):	1		1	~1.^	4				-
CERTIFICATION	resulting in death) LAST	Sacr	al	-0	e	cu	421	ioba				_	
CALC	PART II. Other algolificant conditions co	ontributing to death but not	resulting	in the un	derlyln	g cause	givern F	Part J. 24	PERFOR		241	b. WERE AUTOPS	
	Dry oga	ngrene	0	8-1	10	1	For	D 11	YES 2			OF DEATH?	
ME	Demer	tha						-				1 YES 2	NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				28. PI	LACE OF D	EATH (Chec	ck only one)	_				
SIC		OSPITAL: Empatient 2 - ER/Outpetient :	3 🗆 DOA	OTHER		10 5 🗆 R	seldence (8 ☐ Other (Sp	pecify)				
PHY	27. MANNER OF DEATH	28a, DATE OF INJURY (Month, Day, Year)	28b. TH	ME OF	28c. INJ WC	IURY AT		28d. DEŞCRI	BE HOW IF	NJURY OCC	CURED		
BY	1 Netural 6 Pending 2 Accident Investigation	DES DI ACE OF IN HUM.		M		YES 2			M COLUMN			De te ti estere	
	3 Suicide 6 Could not be determined	26s. PLACE OF INJURY — At h- building, stc. (Specify)	ome, term,	street, ract	tory, ome	•			bwn, State)	ina Number	or Murai	Route Number,	
Ä	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	I: To the best of my knowledge, d	leath occur	red at the t	ilme, date	and place	, and due 1	to the cause(s	a) and men	mer es stat	ed.		
COMPLETED	ana)	n the basis of examination and/or										(a) and menner	aa stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Ilaaba	A	7		29c. LIC	ENSE NUM	BER		29d. DAT	E SIGNE	D (Month, Day, 1	(bar)
10	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE DE DEATH (IT)	FM 27) (5m	a Print		D	55	172		•	6 -	24	71
	S-SUDHA	KAR: 5	70.	W.	E	DN	101	USTO	ON	DI	1,	+50	4,
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE			R	00	KVI	LLE	, 1	WI) .		
	JUN 27 '91 Le	Nevil B. d. as			-						-		

1	•	STATE REGISTRAR
1	. D	ECEDENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	CENTILIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	or To.		2. DATE OF DEATH MONTH DA		3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 5. SEX 220 - 14 - 1031 1 1 M 2	- / / M	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Pay, Year)	8. BtRT Cour	**
99. FACILITY NAME (If not institution, give street and num Anne Arundel	nber) 9	Annapolis	12/14 P	9c. COUNTY OF	ryland DEATH nne Arundel
10e. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland Anne Arund	ei Ann	apolis 101. ZIP CODE		100	1 YES 2 NO
1 Never Married 2 Merried FORCE	ECEDENT EVER IN U.S. ARMED S? 1 YES 2 NO , GIVE WAR OR DATES	21401 13. WAS DECENDENT OF NISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	or No- 14. RA Bla	States CE - American Indian, ck, White, etc. White
	I-4 or 8 +)	t done during most of working retired.) fic Controller	Westir	siness/industry	
17. FATHER'S NAME (First, Middle, Last) Calvert F. Phillips,	Sr.		AME (First, Middle, Meiden 11 Capelle	Surname)	
19a. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DORESS (Street end Number or Rural	Route Number, City or Tow	n, State, Zip Gode)	
Walter Phillips 200. METHOD OF DISPOSITION	323 Bu	ena Vista Fed		Marylan	
1 Buriel 2 the Cremation 3 Removal from S	of cemetary, crematory or Metropolit	r other place)			ia Virginia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE	mas Pron.	22. NAME AND ADDRESS OF E Beall-Evans 16000 Annapo	ACILITY Funeral Hor	me, P.A.	
Sequentielly list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQUENCE OF):		/		
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST d	DUE TO (OR AS A CONSEQUENCE OF):				
CAUSE (Disease or Injury that Initiated events		the underlying cause given is	n Part I. 24a. WAS AN PERFOI	RMED?	AMAILABLE PRIOR TO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed to the contributed to t	iting to deeth but not resulting in	the underlying ceuse given in	PERFOI	RMED?	COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed to the contributed for	iting to deeth but not resulting in	26. PLACE OF DEATN (COTHER:	PERFOI 1 YES : Check only one) 6 Other (Specify)	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed by the conditions contributed by	TAL: 15 ER/Outpetient 3 DOA 4 Month, Day, Year)	28. PLACE OF DEATN (COTHER: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed in the conditions contributed in	TAL: TOTAL:	28. PLACE OF DEATN (COTHER: \[\begin{array}{cccccccccccccccccccccccccccccccccccc	PERFOI 1 YES : Check only one) 6 Other (Specify)	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed by the contributed by t	TAL: lent 2 TER/Outpetient 3 DOA 4 DATE-OF INJURY 28b. TIME. INJURY At home, farm, str	26. PLACE OF DEATN (COTTHER: Nursing Home 5 Reeldence OF WORK? 1 YES 2 NO Nutring Home 5 Reeldence Section Nursing H	PERFOI Telephone Performance	INJURY OCCURED and Number or Rurs	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant conditions contributed by the contributed by t	TAL: TAL: TOTAL: TO	28. PLACE OF DEATN (COTHER: Nursing Home 5 Reeldence OF 28c. INJURY AT WORK? YES 2 NO Notes, factory, office at the time, date end place, end decorated at the time, dethoccured at the	PERFOI Telephone	INJURY OCCURED and Number or Rurs nner se stated, and due to the cause	AAALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per filled within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR CTATE OF MADVI AND / DEDADTMA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

91 19659

1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			
ANDREW	LEE		OLLA	RD	JR	•		MONTH			991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219 52 8582	5. SEX	6. AGE (In yrs. lest	birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	(Month	OF BIRTH Day, Year) 18-194	8	Count	HPLACE (State or Foreign ry) ash. D. C.
9a. FACILITY NAME (If not institution, give 3511 WINDOM ROAD				9b. CITY,		NTWO	OD OF DE			9c. COU	NTY OF C	
10e. STATE 10b. COUNT						TION		Ţ				10d. INSIDE CITY LIMITS? 1X YES 2 \(\) NO
100. STREET AND NUMBER 3511 Windom Road	i.				101	2072				10g. CIT		WHAT COUNTRY?
11. MARITAL STATUS 1 Nover Merried 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARI YES 2 X WAR OR DATES		1	if yes, sp	ecify Cubi		n, Puerto f	17 (Specify Yea Rican, etc.)	or No—	14. RAC Blac	E — American Indian, k, While, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12		+) (Gh	ve kind of a Do NOT us	usual or work done of se retired.)	during mo	ON ast of world	ling	16b.	KIND OF BU		DUSTRY	-
17. FATHER'S NAME (First, Middle, Last)						16. MOT	THER'S NA	ME (First, I	Middle, Meiden			(3)
Andrew Polla	erd, S	r.	40 44 11 11		2 (0)		Fran			lart	- 0 - 1 :	
	lard			Windo	0				twood,			22
20 MEDITO OF DISPOSITION 1 About 2 Cremation 3 Rer 4 Openation 5 Other (Specify)		20b. PLACE of cemetary.	ANO OAT	E OF OISP	OSITION	(Name		DAT	E 20c. LC	CATION —	City or T	
21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE	. 1	l	1001		NO ADDR	J. B	CILITY	nkins			
23. FART I. Enter the disease, or shock, or yeart failure. IMMEDIATE CAUSE Final disease or condition resulting in death)	a. 14EH	use on each line	いす	LUNC	the mo	ode of dy			andove			Approximata interval Betw
ahock, or beart failure. In EDIATE CAUSE Final disease or condition	a. HEH DUE TO DUE TO C.	use on each line	QUENCE O	not enter	the mo	ode of dy			andove			Approximata interval Betw
ahock, or heart failure. Interpretation resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. HEH DUE TO b. DUE TO C. OUE TO d.	O (OR AS A CONSECUTION OF	QUENCE O	not enter	the mo	S	ying, suc	h es carr	andove	I AUTOPSY	rest,	Approximate interval Betwoen and D
ahock, or heart failure. ALL SEPTIME CAUSE Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. JETT DUE TO C. OUE TO d.	O (OR AS A CONSECUTION OF	QUENCE O	not enter	the mo	g cause	ying, suc	Part I.	andove flac or resp 24e. WAS AI PERFO	I AUTOPSY	rest,	D. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUTOF DESCRIPTION OF CAUTOF DESCRIPTION OF DEATH?
ahock, or heart failure. MAEDIATE CAUSE/Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	a. DUE TO b. DUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2	O (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE O	OTHE	the mo	g cause	given in	Part I.	24e. WAS AM PERFO	AUTOPSY RMED? 2 \(\text{NO} \)	24	D. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUTOF DESCRIPTION OF CAUTOF DESCRIPTION OF DEATH?
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Dan.	e State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item
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STATE OF MARYLAND / DEPA	RTMENT OF I	HEALTH AND	MENTAL HYGIENE
CERTI	FICATE OF	DEATH	REG. NO.

1 - FOR STATE REGISTRAR		STATE OF MAR		RTMENT OF		MENTAL HYGIE		٠,	10000
1. DECEDENT'S NAME Anthony		Patinel	La ME			2. DATE OF DEATH MONTH June 27,		YEAR	3. TIME OF DEATH 3:40 A m
4. SOCIAL SECURITY 089-20-88	39	1XX M 2 □ F	MGE (In yrs. last birthday) 63 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 27,	1928	New S	York
				Bethe		DEATH		ntgome	
Suburban RESIDENCE OF 10a. STATE Maryland	10b. COUN			TY, TOWN OR LOC	ATION			1000	10d, INSIDE CITY LIMITS? 1 ☐ YES 本本 NO
	MBER		100		of. ZIP CODE			TIZEN OF WI	HAT COUNTRY?
10e. STREET AND NUI 10216 SUM 11. MARITAL STATUS 1 Never Married 3 Widowed 4	2 Married	12. WAS DECEDENT EN FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes,		ANIC ORIGIN? (Specify can, Puarto Rican, etc.)	Yea or No-	14. RACE Black, Specify	- American Indian, White, etc.
0 15	i. DECEDENT'S ED ily only highest grad lary (0-12)	UCATION le completed) Cotlege (1-4 or 5+)	(Give kind of life. Do NOT	s USUAL OCCUPA: I work done during is use retired.)	nost of working	I.B.M		DUSTRY	
17. FATHER'S NAME (F) Paul Pati		3	FINANCIA	ar Anary	_	NAME (First, Middle, Mak			
Florence	A. Pati	nella	10216	Sundanc	e Court,	Potomac,	Mary.	land	20854
20a. METHOD OF DISI 1 Burlel 2 K Con- 4 Donation 5 21. SIGNATURE OF FU	Other (Specify)		20b. PLACE AND DA of cemetary, cremato Montgomer	y or other place) y Cremat 22. NAME HOME	orium,] AND ADDRESS OF ROCKVILL	ing. Be	‡ A . 1	Pumph est M	ryland rey Funeral ontgomery
	onditions, mmediata ERLYING rinjury ts	DUE TO (OR DUE TO (OR		C Ax OF):			epiratory s	rrest,	Approximate interval Between Onset and Death
PART II. Other sig	nificent condition	one contributing to de	eth but not resulting	In the underly	ing ceuse given	PER	S AN AUTOPSY FORMED? S 2 NO	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFER EXAMINER? 1 YES 2 7. MANNER OF DEAT		HOSPITAL:	VOutpatient 3 □ DOA	OTHER:	PLACE OF DEATH	(Check only one)			
27. MANNER OF DEAT 1 Netural 2 Accident	H 5 Pending Investigation		rbar) II	IME OF 28c. (NJURY AT VORK? YES 2 NO	28d, DESCRIBE HO	W INJURY O	CCURED	
	6 Could not b determined	28a, PLACE OF It building, etc	IJURY — At home, farm , (Specify)	, street, factory, of	fice	281. LOCATION (Str City or Town, S	eet end Numb tale)	er or Rural R	oute Number,
(orition only		SICIAN: To the best of my							and manner as stated.
296. SIGNATURE AND	mel	VHO COMPLETED CAUSE	DE DEATH (ITEM 27) (N	MO	29c. LICENSE	4766	-	6/2	(Month, Dgy, Year)
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31. DATE FILED (Month	2 91	32. REGISTRAN'S Junia De	widson Randa	00_					

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DIVISION OF VITAL REC

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OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit grouns after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	
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19661 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) HAZEL R. 3. TIME OF DEATH 2. OATE OF DEATH Pettigken MONT 4:00 aze 7. DATE OF BIRTH 6. AGE (In yrs. dist birthday) 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE HOURS 1 M 2 V F 579-60-6250 96 OK. June 9,1895 City. Oklahoma Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH Potomac Valley Nursing Home DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a STATE 10h, COUNTY 10d. INSIDE CITY 1 TES 2 NO Washington, D.C 10a STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 3545 Quesda Street, N.W. 20015 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. WARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-H yes, specify Cuban, Mexican, Puerto Rican, etc.)
 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Mar Specify: White B 3 X Widowed 4 Divorced ETED 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY COMPL 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Leslie P. Ross BE Kate O. Johnson 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 Hugh Pettigrew (Son) 9118 Friars Road Bethesda, 20817 MD. 20c METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Rec

Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Arlington National Cemetery Arlington, VA. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Joseph Gawler's Sons, Inc. muc 5130 Wisconsin Ave.. Wash. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final disease or condition resulting in death) neumonia DUE TO (OR AS A CONSEQUENCE OF): Sevebrovascular accident CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING ardiquascular diseaso atherosclerotez CAUSE (Disease or injury DUE TO FOR AS A CONSEQUENCE OF that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL **AMAILABLE PRIOR TO** Laiburgo gestive COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL. 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 HO ent 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 YES 2 NO B 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 🔲 Could not be COMPLETED 4 Homicide 28 Item! CERTIFIER (Check only and the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. FUNERAL WITHIN 72 I TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II

MEDICAL EXAMINER: On the on and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. AND TITLE OF CERTIFIER 29c. LICENSE NUMBER Day, 21115 28 Jenne 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Shields Bethe Sta 602 MD 208/7 31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE 91

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within account after death. Page 6 may be retained by the hospital or attending phys	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buril house above death with the State Dam of Health and Mental Horizone prior in huital primaries or memoral
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OR ATTENDING PHYSICIAN; The la	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the bound about with the State Dant of Health and Mandal Hurriage prior to build premarked on memoral
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an Sours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Progress filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or nemoral. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC				GIENE a. NO.		
1. OECEDENT'S NAME (First, Middle, L	Michael J.	Phelan			2. DATE OF OEA	ATH DAY	YEAR	3. TIME OF GEATH
4: SOCIAL SECURITY NUMBER 293-52-2187	1 M 2 □ F	32 YRS. M	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	158	Ohie)
9a. FACILITY NAME (If not institution, possible of the state of the st	ital	9	Bethe:	R LOCATION OF DE	EATH	-	nty of or	
RESIDENCE OF DECEDENT 10a. STATE 10b. CO			TOWN OR LOCAT					IOd. INSIDE CITY LIMITS?
100. STREET AND NUMBER 4704 Olden	Road		101	ZIP CODE 20852			IZEN OF WI	States
11. MARITAL STATUS 1 Never Married 2 KMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 XNO	If yes, sp	ENDENT OF HISPAN ocity Cuben, Maxica 2 NO Specify	n, Puarto Rican, a		Black,	- American Indian, White, atc.
15. DECEDENT'S (Specify only highest Elamentary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+) 5+	16a. DECEDENT'S US (Give kind of wor life. Do NOT use) Review C	k done during mo retired.)	N st of working	Food	of Business/IN l & Drug inistra	DUSTRY	
17. FATHER'S NAME (First, Middle, Las John Paul Phela					ME (First, Middle, I N. Vucki			
19a. INFORMANT'S NAME (Type/Print) D. Gabrielle Pl		4704 01	den Ro	ad, Rock	ville, M	Maryland	d 20	352
20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	ob. PLACE OF DISPOSIT Other place) Oakwood Ce	metery	netery, crematory or		cuyahoga		ls, Ohio
21. SIGNATURE OF FUNERAL SERVICE		M00198	Rober	o address of fa A Pump nesda-Chi Visconsii	phrey Fu	neral lese, Inc.	Home/	20814-350
immediate Cause (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	Caral A CONSEQUENCE OF):		Diee	Stan	, ,		Interval Betwee
PART II. Other algorificant cond	d,	but not resulting in	the underlyin	g cause given in		MAS AN AUTOPSY PERFORMEO? YES 2 NO		WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 X NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? YES 2 \(\square\) NO	HOSPITAL:		OTHER:	ACE OF OEATH (C/		elfv)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigs	28e. DATE OF INJUR (Month, Dey, Year	Y 26b. TIME	OF 28c, IN.	URY AT		HOW INJURY O	CCURED	
3 Suicide 6 Could no 4 Homicide determin	26e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)					N. LOCATION (Street and Number or Rural Route Number, City or Yown, State)		
CONSCIN ONLY	PHYSICIAN: To the best of my known MINER: On the basis of axaminar							and manner as stated
296. SIGNATURE AND TITLE OF CEP	Sand	chu		29c. LICENSE NU		29d. DA	TE SIGNEO	(Month, Day, Wer)
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE OF			02210	sug	Rai	The	saa m
JUN 28 '91	12. REGISTRAR'S SI	GNATURE A RUNGLER						

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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SSPTAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2ours after death. Page 6 may be retained by the	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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		h Peirce	DUDLEY BEA	ACH PEIRCE	2. DATE OF D	6 - 24 - 1	3. TIME OF DEATH
7	4. SOCIAL SECURITY NUMBER 579-16-1941 98. FACILITY NAME (If not institution, give	1 M 2 D F	71 YRS. MC	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	8-25	-19	I. BIRTHPLACE (State or Foreig Country) WYOMING
CTOR	Holy Cross Hosp RESIDENCE OF DECEDENT			Silver Spring	DEATH		NIGOMERY
DIRE		NTGOMERY		LVER SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 1111 UNIVERSITY 11. MARITAL STATUS	BOULEVARD W		101. ZIP CODE 20902		1	USA
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	, etc.)	14. RACE — American Indian, Black, White, atc. Specify: WHITE				
PLETED	15. DECEDENT'S EI (Specify only highest gra Elamentery/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most of working etired.)		OF BUSINESS/INDUS	STRY
BE COMPL	17. FATHER'S NAME (First, Middle, Last) EARL STANLEY	PEIRCE		DOROT		BEAG	
TO	190. INFORMANT'S NAME (Type/Print) THELMA M. PEIRC 200. METHOD OF DISPOSITION	(/	1111 UN	DDRESS (Street and Number or Rur NIVERSITY BLVD ION (Name of cemetery, cremetory of	. WEST,		ILVER SPRING
	1 Burlel 2 CCremetion 3 Ri 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNEBAL SET V.E	amoval from Stata	other place)	TAN CREMATORY 22. NAME AND ADDRESS OF FRANCIS J. C 500 UNIVERSI	FACILITY OLLINS I	ALEXANDR	IA. VIRGINIA OME, INC.
FICATION			AS A CONSEQUENCE OF):				
ITIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	ortenal endors	enditis		7 mor
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospital or attending	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the) Je	the second secon
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	1 - STATE OF STATE OF REGISTRAR	MARYLAND / DEPARTI CERTIFIC	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Lest) 4. SOCIAL SECURITY NUMBER 5. SEX 270-28-7144 1 M 2 M		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	2. DATE OF DEATH MONTH DAY 7. DATE OF BIRTH (Month, Day, Year)	10711	1000000
DIRECTOR	SUPPLY DECEMBERS		COLY, TOWN ON LOCATION OF C	3/27/19/ DEATH	& dounty of p	George
	10e. STATE 10b. COUNTY POINCE	reorges C	TOWN OR LOCATION 101. ZIP CODE		10g. CITIZEN OF W	10d. INSIDE CITY LIMITS? 1 XYES 2 NO WHAT COUNTRY?
BY FUNERAL	1 Name Married 2 Married FORCES?	PENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	13. WAS OECENOENT OF HISP/ If yea, specify Cuban, Maxic 1 YES 2 NO Specify	ANIC ORIGIN? (Specify Yes can, Puerto Rican, etc.)	or No.— 14. RACE Black Speci	American Indian, t, White, etc.
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or	5+) Iffe. Do NOT use i	k done during most of working	16b. KIND OF BUSI	MESS/INDUSTRY	
BE	17. FATHER'S NAME (First, Middle, Last) Frank Wa 19a. INFORMANT'S NAME (Type/Print)	/// 19b. MAILING A	18. MOTHER'S N L U C DDRESS (Street and Number or Rura	AME (First, Middle, Meiden S	ynold	
OT	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENTIES	20b. PLACE AND DATE C of cemetary, crematory of		7+91691	Atord, V ATION - City or To Cham	a. 2258 www. State MD Sers CO
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF):	Thuch	Juln	nny	Interval Betwee
MEDICAL	PART II, Other significant conditions contributing	to death but not resulting in	the underlying cause given i	Part I. 24e. WAS AN PERFOR	MED?	. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:		2 - ER/Outpatient 3 - DOA	26. PLACE OF DEATH (I	6 Cher (Specify)		
BY	1 Natural 6 Pending (Monical Pending Investigation 2 Suicident 25s. PLAC	CF INJURY 26b. TIME INJU CE OF INJURY — A1 home, farm, string, etc. (Specify)	WORK? M 1 YES 2 NO	28d. DESCRIBE HOW IN 28f. LOCATION (Street a City or Town, State)		Route Number,
MPLETED	29a. CERTIFIER (Check only one) 29 MEDICAL EXAMINER: On the beals	at of my knowledge, death occurred		ue to the cause(e) and men		a) and manner as stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH (ITEM 27) (Type, I	29c. LICENSE N	S 6 4	29d. DATE SIGNED	(Month, Day, Year)
	31. DATE FILED (Month, Day, Year) 32. REGIS 31. DATE FILED (Month, Day, Year) 32. REGIS 4. Like	TRAR'S SIGNATURE Davidson Rando W	200 pre	_ nd -	2746	

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. OECEDENT'S NAME (First, Middle, Li	net)						
	•	AIRE ROHL	FING	:	2. DATE OF OEATH MONTH D		3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		IF UNDER 24 HRS.	DATE OF BIRTH		BIRTHPLACE (State or Foreig
531-12-6838	1 🗆 M 2 😡 F	70 YRS.		HOURS MIN.	(Month, Dey, Year) 6-19-21		Country) Minnesota
Se. FACILITY NAME (If not institution, gr	ve street and number)		9b. CITY, TOWN OR	LOCATION OF OEAT		9c. COUNTY	
Washington Adve	ntist Hospit	cal	Takoma F	Park		Mon	tgomery
RESIDENCE OF DECEDENT					_		
10a, STATE 10b. COU			Y, TOWN OR LOCATIO				10d. INSIDE CITY LIMITS?
	tgomery	18	akoma Park				1 XYES 2 NO
10e. STREET AND NUMBER				ZIP CODE			N OF WHAT COUNTRY?
308 Patterson C			. 21	1044		Unit	ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	13. WAS OECEN If yea, speci 1 — YES 2	ify Cuban, Maxican,	ORIGIN? (Specify Ye Puarto Rican, etc.)	~ -	RACE — American Indian, Black, White, etc. Specify:
15. OECEOENT'S	FOLICATION	16a OECEDENT'S	USUAL OCCUPATION	,	16b. KIND OF BU		White
(Specify only highest g	rade completed)	(Give kind of a	work done during most se retired.)	of working	IOU. KIND OF BO	SINESS/INDUS	int
Elementary/Secondary (0-12)	College (1-4 or 5+)		Service W		State	Denart	ment
17. FATHER'S NAME (First, Middle, Last)		r orergn			First, Middle, Melder	-	mol I C
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Harry L	ee voliti		ADDRESS CO.				_
			ADDRESS (Street and				
Peter Hooper			Corina Co				
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 1	Removal from State	20b. PLACE OF OISPOS		The second second			y or Town, State
4 Donation 5 Other (Specify)		Suburban	Crematory			ver Sp	ring,Marylan
21. SIGNATURE OF FUNERAL SERVICE	ZI / La La		Rapp F		ervices, Silver Sp		MD 20910
23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final	or complications that core. List only one cause		not enter the mode	e of dying, such	aa cardiac or reap	iratory arres	t, Approximate Interval Bets Onset and D
disease or condition	4 10 A	1	. /	(M 9 1	march		
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resulting in death)	a. Due to (on	O MOLX	al	1.11	14. Las	701 St	16 Konk
resulting in death)	DUE TO (OR	D MUX	al	with	tetasi	2008	to Kank
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as the burtal-transit permit. Pages 1, 2, 3 should

amoding physician. BALTIMORE, MARYLAND 21203-3146

TO THE HUSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the TO THE FUNETAL DIRECTOR. After this certificate has been signed by the amending physician and completely filled in by the funeral director, page 5 should be the fined within 72 hours after death with the State Dept. of Health and Marcial Hygiens prior to burial, cremination, or removal.

IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

	xamine	
within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine	
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death	Item 28 is mark	
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within	TANT	

1. DECEDENT'S NAME (Fir	st, Middle, Last)								2. DATE C	F DEATH	AW	YEAR	3. TIME OF DEATH
		Irene W.	Ridenou	r					Jul	_		991	8:50 P.
4. SOCIAL SECURITY NUM	IBER	5. SEX	8. AGE (in yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign
219-05-286	4	1 🗌 M 2 🔀 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		29,1	908_		rfield.MD
9e. FACILITY NAME (If not	9e. FACILITY NAME (If not institution, give street and number)						OR LOCAT	ION OF D	EATH		9c. COL	JNTY OF	DEATH
Box 35							own				Wa	shin	gton
RESIDENCE OF DE	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY						TION						10d. INSIDE CITY
MD	Was	hington			Cave								LIMITS?
10e. STREET AND NUMBE		mingoon			cuve	_	H. ZIP COD	Œ			10g. CI	TIZEN OF	WHAT COUNTRY?
P.O. Box 3	5						217	20				U.S	7
11. MARITAL STATUS	5		NT EVER IN U.S. AR		13.	WAS OF	died als 7		NIC ORIGIN?	(Specify Yes	e or No	14. RAC	E - American Indien,
1 Never Married 2			1 ☐ YES 2 🔯 I WAR OR DATES	NO			pecify Cub		an, Puerto Ri fv:	cen, etc.)		Spec	k, White, atc.
3 ₺ Widowed 4 □ Oi	vorced		Weeks and				367						White
15. DE (Specify of	CEDENT'S EDU	JCATION e completed)	16e. DE	CEDENT'S	Work done	CCUPAT during m	ION ost of work	ing	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)										
Unknown			Ho	mema	ker						home		
17. FATHER'S NAME (First,	Middle, Last)	Doman I	Wolfe				18. MO		AME (First, M		Surname)		
la surania de la constanta de	(Tamp Pilate)	Roman I		. Bear	0.45555	0.40:			aura				
190. INFORMANT'S NAME			19						Route Number				
Donald E.		ur	20b. PLACE						gerst	_			own. State
1 N Burial 2 Creme	tion 3 🗆 Ren	moval from State	other p	(ace)									
4 Donation 5 Oth		ICENSEE		Sm	iths	NAME	Cem	eter	ACILITY	1 Sm	iths	burg	MD
		0			-			Test .	al Ho	me . In	C		
amen	La.	Docedonse	4			50	S. B	road	Stre	et. W	lavne	sbor	O, PA 1726
immediate cause (i disease or condition resulting in death)	→	e-	O (OR AS A CONSE			005	13	7					1 wh.
Sequentielly list cond if any, leading to imm cause, Enter UNDERI	nediete	0.	O (OR AS A CONSE	QUENCE C	Cus OF):	5 /	42	ph	لي سرو				5 yes.
CAUSE (Disease or in that initiated events resulting in death) L/	njury	d.	O (OR AS A CONSE	OUENCE (OF):								
PART II. Other algorific	cent condition	ona contributing to	o death but not	resulting	in the u	nderivi	ng cause	given ir	Part I.	24a. WAS AF	N AUTOPS	y 24	b. WERE AUTOPSY FINDING
										PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
									_	1 YES	2 [] NO		OF DEATH?
									- 1				1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL	1		_	_	26	PI ACE OF	DEATH (C	heck only on	a)			
EXAMINER?		HOSPITAL:	☐ ER/Outpatient :	- C DO4	OTHE	R:							
27. MANNER OF DEATH		28e. DATE O		28b, TI			JURY AT	tesidence	6 COther	(Specify)	INJURY O	CCUREO	
2 Accident	Pending investigation		Dey, Year) OF INJURY At h	11	IJURY M	1 🗆	YES 2	□ NO					Route Number,
4 Homicide	Could not be determined	building	, etc. (Specify)	ome, farm,		atory, on				or Town, State		A OF FILE	riodio (Cirriodi,
one) 2 M	EDICAL EXAMIN												(e) end manner ee stated.
296. SIGNATURE AND TIT	ule.	le Hes	m.	8-			29c. LI	CENSE NO	JMBER 75		29d. D	T-/	(Month, Day, Year)
30. NAME AND ADDRESS	130	Y 601	Sm	M 27) (Typ	th's	bu	5	n	D.	217	63		
31. DATE FILED (Month, D.			ha Savidson	_Rang	600		0						

BALTIMORE MARYLAND 21203-3146	the statum by the hospital or attending physicial or a strongly directed for use as the burial-the notified at once.	
BALTIMOR	Thours after death. Page 6 milled in by the funeral director, n, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-mours after death. Page 6 must be missing to the honers of the transfer of the trans	

	FOR STATE REGISTRAR		STATE OF I	MARYLA	ND / DEPA					MENTA	L HYGIENI REG. NO.	E	J 1	19001
1	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE	OF DEATH	γ	YEAR	3. TIME OF DEATH
ĺ	Marie Kr	oh Rei	isinger							Ju.	Ľy 10,™	1991	-	6:15 P M
	4. SOCIAL SECURITY NUM 215 09 080		5. SEX		yrs. lest birthdey)	MONTHS	DAYS	HOURS	24 HRS.	7. DATE (Mon	(Month, Day, Yeas) Country)			IPLACE (State or Foreign y) Insylvania
ł	9a. FACILITY NAME (If not in	·	street and number)			9b. CITY	, TOWN C	R LOCATION	ON OF DE			9c. COUNT	Y OF D	EATH
	Harrison		Nursing	Home	9	Sn	low I	Iill				Wor	ces	ster
	10s. STATE	10b. COUNT	Υ		10c. CI	TY, TOWN	OR LOCAT	ION						10d, INSIDE CITY LIMITS?
Ma; ryland Worcester Snow Hill												1 XX YES 2 NO		
	10e. STREET AND NUMBER						101	. ZIP COD						WHAT COUNTRY?
	430 W. M	arket	Street 12. WAS DECEDED	IT EVEN IN	II C ADMED	I 49	WM C DEC		1863		N? (Specify Yea		USA	
	1 Never Married 2 3 Widowed 4 Div		FORCES?	YES	2 NO		If yes, sp		n, Mexica	n, Puerto	Rican, etc.)	0.10-	Spec	E — American Indian, k, Whita, etc. #y: White
	15. DEI	CEDENT'S EDU	JCATION Completed		16a, DECEDENT	S USUAL C	CCUPATIO	ON uporkis	00	16	b. KIND OF BUS	INESS/INDU	STRY	
	Elementary/Secondary (College (1-4 or 5	+)	(Give kind o			St OF WORK	ny .					
	12				Hom	emake	r					Own H	Iome	
	17. FATHER'S NAME (First, A		. Wash					18. MOT			Middle, Maiden			
	Herman Fr		Kron		405 24550 **	10 400-0-	0 /0				Becker		Nal_1	
	Carol R.										nber, City or Town Virgini			
	20a. METHOD OF DISPOSI			20b.	PLACE OF DISP	OSITION (N	ame of co	metery crea	maton or	,	-	CATION - C		
	1 Burlel 2 Cremeti	ion 3 🗌 Ren	novel from State		Sali	sbury	Cre	emato	rv					Maryland
1	21. SIGNATURE OF FUNE		CENSEE			22.	NAME A	ND ADDRE	SS OF FA	CILITY				
1	1/200	de	4/	'.,				ls Fu				UATT	Ma	. 21863
	IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list condition, list condition, leading to immersuse. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	itions, ediate	b. DUE TO	O (OR AS A	CONSEQUENCE	OF):	T76 N	,						Onset and Death Many Wiss Sagan Yes
	PART II. Other algolific	ant conditio	na contributing to	o death be	ut not resulting	g in the u	nderiyin	g cause	given in	Part I.			24	. WERE AUTOPSY FINDINGS
		POTHY	ROIDISM								1 YES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED	TO MEDICAL					26, P	LACE OF I	DEATH (C	heck only	one)			
	EXAMINER?		HOSPITAL:	☐ ER/Outp	etlant 3 🗆 DOA	OTHE 4 M	R: Irsing Hor	ne 5 🗆 R	lasidence	8 🗆 Ott	ner (Specify)			
		Pending Investigation	-0000	F INJURY Day, Year)		IME OF NJURY M	28c. IN	JURY AT	□ NO	_	EȘCRIBE HOW I	NJURY OCC	UREO	
	2 Accident 3 Suicide 6 4 Homicide	Could not be detarmined	28e. PLACE	OF INJURY J, atc. (Spec	— At home, farm	n, street, fe	ctory, offi	ca.			CATION (Street by or Town, State)		or Flurel	Route Number,
	CONSCIN ONLY		SICIAN: To the best of											(a) and manner as stated.
	295. SIGNATURE AND TITE	E OF CERTIFIE	ER -1/1	,,				29c. LIC	ENSE NU	MBER		29d. DATE	SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS	y C.	Myunt	//	V.S.	. A			062			1 7	7-10	-91
	DOROTHY	C	HOLZWOZ.	TH	HAZZE	SON	How	ISE 1	VUZS I	NE	Home	SNOW	UH	14 Mz. 2173
7	31, DATE FILED (Month, De	91	32 REGISTE	AR'S SIGN	ATURE - Aanda 100	•								
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31. DATE FILED (Morth, Dolf 104)

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Julia Tavidson-Randelle

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this societies has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached to the following physician and completely filled to be the following the fo	be fleed within 72 hours are death with the state body, or regard and mental hybers provide contact, or contact. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.
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	FOR	STATE OF N	IARYLAND / DEP					MENTAL HYGIEN		91 19668
_	REGISTRAR		CERT	IFICAT	E OF	DEA	ГН	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)	Domition	D -	7						3. TIME OF DEATH
	RUSSell 4. SOCIAL SECURITY NUMBER	Romulu 5. SEX	6. AGE (In yrs. last birthd	dman	R 1 YEAR	IF UNDER	24 MDR	July 8		91 10:27 A.M BIRTHPLACE (State or Foreign
	578-01-1280	1 2 M 2 F	83 YR	MONTHS		HOURS	MIN.	Dec. 7,		Virginia
	Sa. FACILITY NAME (If not institution, give s	A	0,7	9b, CIT	Y, TOWN C	R LOCATI	ON OF DI		9c. COUNTY	
E	Physicians Memori		tal		T	LaP1a	ata		C	harles
15	RESIDENCE OF DECEDENT									
DIRECTOR	Mony lond Ch		10c.	CITY, TOWN						10d. INSIDE CITY LIMITS?
	Maryland Ch	arles			Wald	ZIP COD	F		10g. CITIZEI	1 TYES & NO
FUNERAL	309C Pearson D	rive,					0601	L		USA
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13				NIC ORIGIN? (Specify Ye	s or No- 14	I. RACE — American Indien, Black, White, etc.
1	1 Never Married 2 Married	FORCES? 1	YES XXNO			2 NO		in, Puerto Rican, atc.) ly:		Specify:
BY BY	3 Widowed 4 Divorced									White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDEN (Give kind life, Do NO	IT'S USUAL of work done of use retired.	OCCUPATIO during mo	on st of world	ng	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	Lands					Civil	Servi	Ce
8	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Maide		
ш	Romulus Rodman					E	Bert	ha Hudgi	.ns	
TO B	19a. INFORMANT'S NAME (Type/Print)							Route Number, City or Tox		
-	Ann Calhoun							oad, La F	lata,	Md, 20646
3	20s. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Rem	ioval from State	20b. PLACE OF DIS	POSITION (Name of cer	netery, crei	matory or	20c. L		y or Town, State
	4 Donation 5 Other (Specify)	fariesse .		2:	2. NAME, AI	ND ADDRE	SS OF F	cal Home	IICWUU	u, Mu.
	Machine	A								
	Michael Bla			77.00				56, Walc		
	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)							te		Interval Between Onset and Daath
ERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEQUENC	E OF):						
TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	e. DUE TO	(OR AS A CONSEQUENC	E OF):						
iii		£								
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part II. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF	DEATH (C	heck only one)		
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3 ☐ DO	OTH A 4 D N	ER:			8 Other (Specify)	_	
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE Of (Month, L	INJURY 28b	TIME DF INJURY M	28c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE HOW	INJURY OCCU	RED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building.	OF INJURY — At home, fe etc. (Specify)	rm, street, f	actory, offic	on.		28f. LOCATION (Stree City or Town, Steel	t and Number or e)	Rural Route Number,
COMPLETE	conel		I my knowledge, death or invest							d. cause(a) and manner as stated,
O BE C	South of the or certification of the certification	ath	all	mz)		0837		29d. DATE	SIGNES (Month Oby, Year)
1 1	30. NAME AND ADDRESS OF PERSON W	HOLCOMPLETED CAL	SE OF DEATH (ITEM 27)	(Kima Print)						

, 118 LaGrange Ave., P.O. Box 1317, LaPlata, Maryland
32 REGISTRAR'S SIGNATURE
School Davidson-Rydelle

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Paul E. Pritchett, MD, 31. DATE FILED (MOORIN, Day, New) 31. 1 0 '91

Paul E.

20646

and the farmers of the profile.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.7 Yours after death. Page 6 may be retained by the hospital or attending	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.		
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TIME (THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu- be fled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	/MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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O THE	o THE	MPOR	
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FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, Last) WILLIAM	FRANKLIN		JSSELL	June 1	4 1991	
4. SOCIAL SECURITY NUMBER 241 58 7958 9a. FACILITY NAME (If not institution, give	% M 2 □ F 5	O YRS. MON	UNDER 1 YEAR SFUNDER 24 HRS. ITHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Vear) 7/12/40	9c. COUNTY	BIRTHPLACE (State or Foreign Country). ITEVILLE, N. C
Prince George			CHEVERLY			GEORGES
10a. STATE 10b. COUNT		10e. CITY, TO	OWN OR LOCATION CHELLVILLE			10d. INSIDE CITY LIMITS? 12 YES 2 NO
100. STREET AND NUMBER 2105 BERMONDS	SEY DT		101. ZIP CODE 20716			ED STATES
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DECENOENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	cen, Puerto Ricen, etc.)	lea or No— 14,	RACE — American Indian, Black, White, etc. Scools, CK
15. DECEDENT'S EOI (Specify only highest grad Elementary/Secondary (0-12)	de completed) College (1-4 or 5+)	ille. Do NOT use ret	done during most of working ired.)		USINESS/INDUS	
17. FATHER'S NAME (First, Middle, Lest)	12 yrs	TEACH	16. MOTHER'S I	IAME (First, Middle, Maide		LS OF N.Y.
FRANK RUSSELI 190. INFORMANT'S NAME (Type/Print) BARBARA RUSSELI			LILL DRESS (Street and Number or Run BERMONDSEY DR	if Route Number, City or To		
20a. METHOO OF DISPOSITION 1			N (Name of cemetery, cremetory o	20c. I	OCATION — City	or Town, State
21. SIGNATURE OF THE PRINCE	900-As		22. NAME AND ADDRESS OF ALEXANDER S 2617 PA AVE			E 0020
ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition rasulting in deeth) Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	thy			Interval Betwee
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other algorificant condition HIV positive	and the second state of	but not resulting in the	ha undarfying cause given		AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🖾 YES 2 🗌 NO	HOSPITAL:		26. PLACE OF DEATH (THER: Nursing Home 5 Residence			
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	M 1 YES 2 NO	28d. DESCRIBE HOV	V INJURY OCCUP	RED
1 Natural 6 Pending 2 Accident Investigation						
to a standard	28a, PLACE OF INJUR	RY — At home, farm, stree lectly)	it, factory, offica	281. LOCATION (Stre City or Town, Sta	et and Number or ite)	Rural Route Number,
2	26s. PLACE OF INJUR building, atc. (Sp (SICIAN: To the best of my kno	wiedge, death occurred at	it, factory, office t the time, date and place, and d n my opinion, death occured at t	City or Town, Sta	nanner se stated.	
2 Accident 3 Suicide 4 Homicide 20a. CERTIFIER (Check only onl) 20a. SIGNATURE AND TITLE OF CERTIFIER 20a. SIGNATURE AND TITLE OF CERTIFIER 20a. SIGNATURE AND TITLE OF CERTIFIER 20a. SIGNATURE AND TITLE OF CERTIFIE	25a. PLACE OF INJUR building, stc. (Sp SICIAN: To the best of my kno NER: On the basis of examinat	wedge, death occurred at lon end/or investigation, is	t the time, date and place, and d n my opinion, death occured at t	City or Town, Sta	nanner se stated.	

BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 provins after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
u	thin 2	stely fill	nt, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted wit	nd comple burial, cre	atic even
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S, P.	e death	the atter Mental	lury, o
ORD	s that th	ined by	any la
REC	require	been sig	Shows
TAL	The lav	ate has	tem 23
FVI	YSICIAN	s certific th the S	10 'pt
ONO	HI DNIC	After this death wi	marke
VISIC	ATTEN	ECTOR: rs after	n 28 is
۵	TTAL DR	RAL DIF 72 hou	If Iter
	F HOSP	IE FUNEI	RTANT:
	T OT	上部	IMPC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	ERTIF	ICATE	OF	DEAT	TH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last	ELLEN ROB	INSON						2. DATE OF MONTH	DEATH DA	1991	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 578-14-3099	5. SEX 1 M 2 F	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D	lay, Year)		Country)	ACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give HOME RESIDENCE OF DECEDENT	street and number)					uid				9c. COUN	TY OF DEA	TH 21217
DIRECTOR	10e. STATE 10b. COUN	тү			Y, TOWN O		TION						Dd. INSIDE CITY LIMITS?
AL D	10e. STREET AND NUMBER			Da	TCTIII		. ZIP COD	E			10g, CITIZ		XXYES 2 NO
IER/	1918 Druid Hi1						2	1217				USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 X	RMED NO	H	yes, sp	ENDENT Cook	n, Maxican	IIC ORIGIN? (I n, Puarto Rici	Specify Yea an, etc.)	or No-	Black, V	American Indian, White, etc. Black
BE COMPLETED	19. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		(C	ECEDENT'S Give kind of the Do NOT us	work done d se retired.)			ng	16b. KI	ND OF BUS	INESS/IND	JSTRY	
ON	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mide	die, Maiden :	Surname)		
3E (William Brown								Brown				
0	19a. INFORMANT'S NAME (Type/Print) Romanello Robin	con							Route Number,				
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re		20b. PLACE other p	E OF DISPO	SITION (Nar	ne of cer	metery, crem	natory or	Balt			Lity or Town	
	4 Donalion 5 Other (Specify)		Fort	Line			etery			Bren	twoo	d Md.	
	Exiled N. E.	nound	20 1	155	- Ho	of.fn 425	man F Mary	uner land	al Se Ave.	N.E.	Wasl	h. D.	C.
N.	23. PART I. Enter the diseases, or shock, or hast failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Respi	ratory OR AS A CONSE	fail	ure								Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST		ageal consegue of as a consegue of as a consegue of as a consegue of a c			n							
	PART II. Other significant condition	ne contribution to	leath but not	regulting	In the un	dochdo		where he i	Boot I To	la. WAS AN	ALFRODAY	T 0.45 W	ERE AUTOPSY FINDINGS
: MEDICAL	Hypertension,		seem but not	resulting	in the thi	uerrynn	y cause (given in		PERFOR	MED?	CO	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF D	EATH (Che	ack only one)				
PHYSICIAN: M	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER		0 5 X X	eldence	6 Other (S	Specify)			
ВУ РН	27. MANNER OF DEATH 1 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF I (Month, De	NJURY (, Year)	28b. TIM	IE OF JURY M		URY AT PRK? YES 2	ON	28d. DESCR	NBE HOW IN	NJURY OCC	URED	
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF building, e	INJURY AI h	ome, farm,	street, facto	ory, offic	•		26f. LOCATI City or	ON (Street a Town, Stete)	nd Number	or Rural Rou	te Number,
COMPLETED	onel	SICIAN: To the best of r											nd manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIF	mun	uil	M	0		29c. LIC	17/	IBER 173		29d. DATE	SIGNED (M	forth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W		OF DEATH (ITI	EM 27) (Type	, Print)								
	31. DATE FILED (Month, Dey, Year) JUN 20 '91	32. REGISTRAF	'S SIGNATURE	Pandal	٤								

STATE OF MARYLAND / DEPARTMENT OF	HEALTH AND ME	NTAL HYGIEN
CERTIFICATE O	F DEATH	REG. NO.

	1 - STATE OF MARY REGISTRAR		T OF HEALTH AND N E OF DEATH	MENTAL HYGIENE REG. NO.	
	t. DECEMBENT'S NAME (PINS MINSON, Land)	Ridge	N. I	2. DATE OF DEATH DAY	GEAL STIME OF DEATH M
	579 24 6325 1 · · · · · · · · · · · · · · · · · ·	88 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year) MARCH 15, 190	
TOR	SULHERN MUDIANT HOSE	DITAL CT	Y, TOWN OIL LOCATION OF DEA	ATH PO	INCE GEOVECS
DIRECTOR	MD. P.G.	10c. CITY, TOWN			10d. INSIDE CITY LIMITS? 1 1 YES 2 □ NO
	10e. STREET AND NUMBER		101. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
BY FUNERAL	8606 HAMLIN STREET 11. MARITAL STATUS 1	S 2 NO	20785 WAS DECENDENT OF HISPANI If yes, specify Cuben, Mexican 1 TES 2 NO Specify:	, Puerto Rican, etc.)	USA 14. RACE — American Indien, Black, White, etc. Specify: B L K
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired. HOUSEWIFI	during most of working	16b. KIND OF BUSINESS	/INDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Leet) ALEXANDER MASSEY			AE (First, Middle, Melden Suman CRAIN	ne)
TO B	190. INFORMANT'S NAME (Type/Print) MILLIE HALL		SS (Street and Number or Rural R		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	20b. PLACE AND DATE OF DIS	POSITION (Name	DATE 20c. LOCATION 8/91 LANDO	N — City or Town, State
	21. SIGNATURE OF FLANDRAL SERVICIPLICENSES		WATSON F. H. 3435 14th ST	INC.	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	S A CONSEQUENCE OF):	singue	(Onset and Death
MEDICAL	PART II. Other significant conditions contributing to deet	h but not resulting in the	anderlying cause given in	Part I. 24s. WAS AN AUTON PERFORMED? 1 YES 2 No	PSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
rsician:	25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ERV	Outpetient 3 DOA 4 N	26. PLÄCE OF DEATH (Chi ER: ursing Home 5 ☐ Residence	Treatment (up-	
ву РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	RY 28b. TIME OF INJURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
E		URY — At home, farm, street, fa Specify)	ectory, office	28t. LOCATION (Street and Nu City or Town, State)	mber or Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my king one) 2 MEDICAL EXAMINER: On the basic of examination.				
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER W	200	29c. LICENSE NUM	18ER 29d.	DATE SIGNED (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)	50 Penn	. Ave. #	18
	JUN 19 91 July Savidon-1	IGNATURE and See	Where W	yelboro,	MO 20772

BALTIMORE, MARYLAND 21215-0020	24 Fours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND	DEPARTMENT	OF HEALTH AN	ID MENTAL HYGIEN
C	ERTIFICATE	OF DEATH	REG NO

REGISTRAR													OF DEATH
DECEDENT'S NAME (First, Middle, Last)	ROBERT	MARK	F	ROGER	.S			2. DATE OF MONTH 06	22		991		:02 A
4. SOCIAL SECURITY NUMBER	8. SEX (B. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER 2	-	7. DATE OF (Month, D			8. BIRT Coun		State or Foreig
215 82 9591	1 M 2 D F	30	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan.		1961			y Md.
9e. FACILITY NAME (If not institution, give :	street end number)			9b. CITY.	TOWN (OR LOCATIO	N OF DE				NTY OF		J
ROUTE 552, SOUTH	OF CHESTE	TR MARY	ZT A NIT		CHI	ESTER				O	TEEN	TO ABT	NIE
RESIDENCE OF DECEDENT	OI OILLOIL	111, 11111	DAM	<u> </u>	GII	SOIEK				L Q	OEEN	E AN	NE
10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	ION	_					10d. IN:	SIDE CITY
Maryland Quee	ne Anne		CI	heste									HITS?
10a. STREET AND NUMBER	ne Anne		CI	lleste		. ZIP CODE			_	40- 017	TEN OF	WHAT CO	
					100								
1607 Seward Roa						21619		_		Uni	_	Stat	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI						IC ORIGIN? (5 n, Puerto Rica		or No-	14. RAC	E - Ame	rican Indien, etc.
1 Never Married 2 X Merried 3 Vidowed 4 Divorced	IF YES, GIVE WA	R OR DATES				2 X NO			_		Spe	clfv:	
3 Widowed 4 Divorced		1/	lo	1					No			Wh:	ite
15. DECEDENT'S EDU (Specify only highest grade		18e, DE	CEDENT'S	USUAL OC	CUPATIO	ON ist of working	,	16b. KI	ND OF BUS	SINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 8+)	life.	Do NOT us	se retired.)									
11		Rou	ite S	ales	man			Co	ca-Co	ola E	Inte:	rpri	ses
17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAI	ME (First, Midd					
George William H	Rogers					CI	nar1	otte l	M. Mc	ran			
19e. INFORMANT'S NAME (Type/Print)		104	MAILING	ADDRESS	(Street			oute Number,			n Corlet		
Sharon M. Rogers								ter M				0	
	,						nes		7				
20e. METHOD OF DISPOSITION 1 ◯X Burial 2 □ Cremation 3 □ Ren	noval from State	20b. PLACE of cemetary.						OATE		CATION —			
4 Donation 5 Other (Specify)		of cemetary. Fort	Linc						Bre	ntwo	od l	[ary]	land
	CENSEE			22. 1	NAME A	ND ADDRES	S OF FA	CILITY					
21. SIGNATURE OF FUNERAL SERVICE LI	CENTE			1	Root	L. Dan.	272.0	Firm or	7 U-	am o	D A		
23. PART I. Enter the diseases, prohock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one caus	e on each line	\$u	not enter	1600 the mo	00 Anı	napo		d. Bo	owie	Mar	yland A	pproximate
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STOKE BANK

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31. DATE FILEO (Month, Day, Year)

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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In:	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF E	BIRTH	1001	a. BIRTI	HPLACE ((State or Foreign
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32. REGISTRAR'S SIGNATURE

GUNA DAVIDORA

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s certificate has been signed by the attending physician and completely mied in by the funeral director, page 5 should be detached in		d or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
JUN 26 '91

32. REGISTRAR'S SIGNATURE
Junia Davidson Adado 82.

	, Last)	CERTIFIC	MENT OF HI	DEATH	REG. NO		3. TIME OF DEA	атн
THE ASSESSMENT	Viole	et Mary F	Ryon		06 - 2	2 - 19	EAR 2010	2
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or F Country)	oreign
578-82-7905	1 M 2 F	59 YRS.	NONTHS DAYS	HOURS MIN.	May 8,1		Wash.,D.	C.
9a. FACILITY NAME (If not institution	i, give street and number)		96. CITY, TOWN DE	A LOCATION OF D		9c. COUNTY		
Washington A	NT			a Park		Mont	gomery	_
Maryland Pr	county	777	elphi	DN			10d. INSIDE CIT LIMITS? 12 YES 2	
100. STREET AND NUMBER 1801 Metzer	ott Rd.		101.	20783			S . A .	
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR DR	S 2 ND	If yes, spe		NIC DRIGIN? (Specify Yearn, Puerto Rican, etc.) iy:	a or No 14	RACE — American Ind Black, White, atc. Specify: White	-
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	"S EDUCATION st grade completed) College (1-4 or 5+)	16e. DECEDENT'S U (Give kind of wo life. Do NOT use	ork done during mos	N It of working	16b. KIND OF BU	JSINESS/INDUS	тяу	
ŊA	N/A	No Emp	loymen	t	N/	A		
17. FATHER'S NAME (First, Middle, L					AME (First, Middle, Maide			
Raymond V					Agnes H			_
19a. INFORMANT'S NAME (Type/Pri					Route Number, City or To			
Manuel A. F	alau	9206	Midwoo	d Rd.	Sil. Spg			
20a. METHOD OF DISPOSITION 1 Burtal 24 Cremation 3 4 Donation 5 Other (Special Control of Control o	☐ Removal from State	of cemetary, crematory of letropoli	of disposition of the place of the place of the control of the con	(Name emator	V6/25/7/ A1	exand:	y or Town, State	in
23. PART I. Enter the disease	ea, or complications that cause	sed the death. Do no	254 C	arroll	St., N.W	.Wash		01
iMMEDIATE CAUSE (Finel disease or condition resulting in death)		OLE SA			PAL INFA	ACTEC	Interval I Onset an	
Sequentially list conditions, if any, leading to immediate	SIFZ DUE TO (DA A CHRUNIC	O A CONSEQUENCE OF URE I	DISURI	DER.				
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cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	0 0	ALEC ATIM	FBAC	TFRIF	L SEPTI	En 44	4.	
CAUSE (Disease or injury	C. C. RAM.	VEGATIV						
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physicien and completely filled in by the funeral director, page 5 ha flud within 72 hours after clearly with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows any injury, or other traumatic event, the medical azaminer must be n
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JAMES H 31. DATE FILED (Month, Day, Year) JUN 2 7 '9 1

- 100	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leet))	C		ICATI	OF	DEA		2. DATE C	REG. NO.		3	. TIME OF DEATH
ı	E. AILEEN F	RIDGWAY							MONTH 6/	24/91		YEAR	2:35 p/
I	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le:	st birthday)	IF UNDER		IF UNDER		7. DATE 0	F BIRTH Day, Year)		, BIRTHPL Country)	ACE (State or Foreign
L	577-48-9462	1 D M 2 T	82	YRS.	MONTHS	DAY8	HOURS	MIN.		11/08	W		NGTON, D. C
	9a. FACILITY NAME (If not institution, give	street and number)		- 77	9b. CITY	, TOWN O	R LOCATI	ON OF DE	ATH		9c. COUNT	Y OF DEA	тн
1	MONTGOMERY RESIDENCE OF DECEDENT	GENERAL	HOSPI	TAL			OLN	EY		N	ONTG	OME	RY
ŀ	10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN	OR LOCAT	ION					1	0d. INSIDE CITY
	MARYLAND	HOWARD			FII	TCOT	T CI	TV				1	LIMITS?
ı	10e. STREET AND NUMBER	ACMINICIPAL CONTRACTOR OF THE PROPERTY OF THE		1	19141		ZIP COD				10g. CITIZE	EN OF WH	AT COUNTRY?
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Ī	11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AF	RMED						(Specify Yes	or No- 1	4. RACE -	- American Indian, White, etc.
ı	1 Never Married 2 Married 3 Widowed 4 Divorced		WAR OR DATES	NO		1 YES	2 NO	Specify	n, Puerlo Ri /:	can, etc.)		Specify:	
ŀ		1	lanear .									WHIT	F
-	15. DECEDENT'S ED (Specify only highest grad	de completed)	(6	ECEDENT'S Silve kind of a. Do NOT u	work done	during mod	on at of world	ng	166.	KIND OF BUSI	INESS/INDU	STRY	
ŀ	Elementary/Secondary (0-12)	College (1-4 or 5	+)		EMAKE	'D							
ŀ	17. FATHER'S NAME (First, Middle, Lest)	-		пом	MAKE	.K	18. MOT	HER'S NA	MF /First M	iddle, Maiden S	temamal		
ı	WILSON L. DAVI	c								BERR			
ŀ	19a. INFORMANT'S NAME (Type/Print)	<u> </u>	19	b. MAILING	ADDRES	S (Street a	nd Numbe			r, City or Town.	_	Code)	
ı	PATRICIA A. RID	CMAY (DAI	CHTER	3460	HARR	TNCT	ON D	RTVE	FII	COTT	CITY	MADV	TAND 210
ľ	204. METHOD OF DISPOSITION	William Bridge	20b. PLACE	OF DISPO							ATION CI		
ı	1 XBurial 2 Cremation 3 Red 4 Donation 5 Other (Specify)	movel from State	CEDA		J. CF	мете	'RY			CHITT	T.AND	MAR	YLAND
r	21. SIGNATURE OF FUNERAL SERVICE L					44-4	31/1						
н	21. STORENTONE UP TONETAL SERVICE L	ICENSEE	0		22.	NAME AN	ID ADDRE	SS OF FA	CILITY				
	▶ SX	LICENSEE	0		22. FR	ANCI	S J.	COI	LINS	FUNER	AL HO	ME,	INC.
	1 50 mm	16 Eur	at caused the di	eath, Do	FR 50	ANCI O UN	S J.	COL	LINS	FUNER	AL HO	ME,	INC. MD.20901
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MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M. M. D. 1/9/0 AShle

32. REGISTRAR'S SIGNATURE

Lia Javidson-Rondala

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND	hin Jours after death. Page 6 may be retained by the hosp	tely filled in by the funeral director, page 5 should be detache mation, or removal.	t, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE REGISTRAR	STATE OF MARYLAN		TOF HEALTH AND	MENTAL HYGIENI			
	1. DECEDENT'S NAME (First, Middle, Last)	Kes	ICE TURNE		2. DATE OF DEATH DA	1.07	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 226-01-9871 90. FACILITY NAME (If not institution, give str	1 M 2 Z F 8	9 YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) IRGINIA	
TOR	m 11 - M	nor- Layli	11 Si	Iver Spri			rtgomery	
L DIRECTOR	10a. STATE 10b. COUNTY Mary 190 Montg	omery	Silver	Spring	O	10e. CITIZEN	10d. INSIDE CITY LIMITS? 1 VES 2 NO 1 OF WHAT COUNTRY?	
FUNERAL	2601 Rel Pre Roa 11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	20906 3. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 A NO Spec	an, Puerto Rican, stc.)	II	S A RACE — American Indian, Black, White, atc.	
ED BY	3 🔀 Wildowed 4 🗌 Divorced 15. DECEDENT'S EDUC	ATION 1	0a. DECEDENT'S USUAL	OCCUPATION	16b. KIND OF BUS	INESS/INDUS	Specify: BLACK	
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work dorn life. Do NOT use retired Laundres		Hospi	+ a 1		
COM	17. FATHER'S NAME (First, Middle, Last)		Laundres	18. MOTHER'S N	AME (First, Middle, Maiden			
TO BE	Unknown 19e. INFORMANT'S NAME (Type/Print)			Unkno	Payte Number, City or Town			
	David A. RAkes 20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 & Remo	val from State 20b. F	LACE OF DISPOSITION (1enbrook Rd. Name of cemetery, crematory or	20c. LO	CATION - City	045 or Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF TUNERAL SERVICE LICE	Manage V	2	e City 2. NAME AND ADDRESS OF F Francis J. C	ACILITY	ginia		
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on each	h line.	enlar A		-	Approximate Interval Batween Onset and Daath	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST							
<u> </u>	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. Part II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given i						24b. WRE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	heck only one)			
PHYSICIAN: MEDIC	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpet		ursing Home 8 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJURY — building, stc. (Specify	- At home, ferm, street, t		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,	
COMPLETED	CONSTRUCTION OF THE STATE OF TH	CIAN: To the best of my knowled					suse(s) and manner se stated.	
BE	206. SIGNATURE AND TITLE OF CERTIFICA	Com -		29c. LICENSE NO	MBER 817	29d. DATE S	IGNED (Month, Day, Year)	
2	M-Klajeed K	than M.D.	12016	Georgia	Ar, wh	eop	us) 20902	
	31. DATE FILED (Month, Day, Year)	32 MEGISTRAR'S SIGNAT	- Gandall	0				

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTAL HYGII		
1. DECEDENT'S NAME (First, Middle, Leet) ROBERT S. RUTH)					2. DATE OF DEATH MONTH JULY 5.	1	3. TIME OF DEATH 7:30 PM
4. SOCIAL SECURITY NUMBER 238-44-0752	5. SEX 8. AGE	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year APR. 17, 1	932 N	BIRTHPLACE (State or Foreign Country) ORTH CAROLINA
99. FACILITY NAME (If not institution, give 4118 DECATUR AVEI RESIDENCE OF DECEDENT			KENSIN	GTON	EATH		Y OF DEATH NTGOMERY
MARYLAND MOI 100. STREET AND NUMBER	NTGOMERY	10c. CITY,	KENSIN			10g. CITIZE	10d. INSIDE CITY LIMITS? 1 YES 2 NO N OF WHAT COUNTRY?
4118 DECATUR AV	ENUE 12. WAS DECEDENT EVER IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No- 14	USA I. RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give laind of world) life. Do NOT use	SUAL OCCUPATION And the done during more retired.)	DN st of working	16b. KIND OF	BUSINESS/INDUS	WHITE STRY
17. FATHER'S NAME (First, Middle, Last)		WELDER		COUR STREET	ME (First, Middle, Mail		
JED RUTHERFORD 190. INFORMANT'S NAME (Type/Print) DATESY E DISTRIBUTED I	FORD (*****			and Number or Rural	IE BIRCH	Town, State, Zip Co	
PATSY E. RUTHERI 20e, METHOD OF DISPOSITION 1 (A Burlel 2 Cremetion 3 Rev 4 Donation 5 Other (Specify)	20	b. PLACE AND DATE (cemetary, crematory of PARKLAWN	other place)	(Name	DATE 20c.	LOCATION — CH	LAND 20895 by or Town, Stata MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L	Synd		FRANCI		CIUTY LINS FUNI	ERAL HON	
shock, or heart failure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	STATIC A CONSEQUENCE OF:		op ly	us Clead au	archi	interval Between Onset and Death Ong Four hos
PART II. Other significent condition	one contributing to deeth	but not resulting in	the underlyin	g ceuse given in	PER	S AN AUTOPSY FORMED? S 2 5000	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MANO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	LACE OF DEATH (Ch	eck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJUR	26b. TIME INJU	M 1	URY AT DRK? YES 2 NO	28d. DESCRIBE HO	wet and Number of	RED r Rural Route Number,
4 Homicide determined	SICIAN: To the best of my kno	wledge, death occurred				manner as stated	
29b. SIGNATURE AND TITLE OF CERTIFI		on and/or investigation.	, in my opinion, o	29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W G. LENNARD GOI 31. DATE FILED (Morith, Day, Year)		5 MUSGROV				ING, MARY	YLAND 20904

12011

		Pages	
D 21215-0020	dificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	g physician and completely filled in by the funeral director, page 5 should be detached for use as the burishment permit. Pages side prior to burish, cornation, or removal.	
MARYLAN	etained by the hos	should be detach	
BALTIMORE, MARYLAND 21215-0020	ir death. Page 6 may be n	he funeral director, page 5 al.	
	within 24 hours after	g physician and completely filled in by the fuel prior to burial, cremation, or removal.	
BOX 68760,	tificate be executed	g physician and col	

	1. DECEDENT'S NAME (First	t, Middle, Last)		R	UDE	R				2. DATE OF MONTH	DEATH BY	. 9		TIME OF DEA
	4. SOCIAL SECURITY NUM 250-32-4868		5. SEX 1 □ M 2 ★ F	6. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, De	16,1909	6.6		CE (State or F
	9a. FACILITY NAME (# not it	institution, give	atreet and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DI	DEATH 9c. COUNTY OF DE			OF DEAT	Н
OR	Holy Cross		tal			5	Silve	er Sp	Spring Montgamery					
5	RESIDENCE OF DE	10b. COUN	TY		10c. Cl	ry, town o	OR LOCAT	TION	10d, INSIDE CITY					
DIRECTOR	Florida	Ta	ake		La	dy La	ake						X	LIMITS?
	10a. STREET AND NUMBER			101	r. ZIP CODI			10g	0g. CITIZEN OF WHAT COUNTRY?					
ER/	1012 Karney	y Driv	<i>r</i> e				32159				τ	Unite	ed S	tates
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 VES 2 IF YES, GIVE WAR OR DATE				ARMED	13.	WAS DEC	ENDENT O	or HISPANIC ORIGIN? (Specify Yea or No— n, Maxican, Puerto Rican, etc.) Specify: 14. RACE — American Ind Black, White, atc. Specify: Whit					
נ נ		CEDENT'S ED		16a.	DECEDENT'S	USUAL O	CCUPATIO	ON .		16b. Kil	ND OF BUSINES	S/INDUST	TRY	*****
COMPLET	Elementary/Secondary (College (1-4 or 5		(Give kind of life. Do NOT u		during mo	AST OF WORKE	v					
MP	12 years			Į ŀ.	Iousew	ıte								
	17. FATHER'S NAME (First, A							18. MOTI			nces R	-		
BE	John Ma:	rtin			10h MARIN	CANDRES	C /Ctmat	and Mumba	_	-	City or Town, Sta		da)	
6	Total Control of the													20740
7	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION City or Town, State													
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State 4 Donation 5 Other (Specify) Metropolitan Crematory 7/6/91 Alexandria, Virginia													
	21. SIGNATURE OF FUNER	AL SERVICE L	4 Donation 5 Other (Specify) Metropolitan Crematory 1/6/91 Alexandria, Virgin.											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BOYGWAYGE FUNERAL Home, P.A.													
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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 mm the manning to the hospital or at	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director. The following defeated for use the state of the second of the state of t	the modernant is from a feet which the case copy, or receipt and injury, or other traumatic event, the medical examiner must be notified at once.
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ROBERT C. MACON, M.D.,

as the burial-transit permit. Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND OF DEATH	MENTAL HYGIEI		
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT F	. S	CHENICK			2. DATE OF DEATH MONTH JULY 6,		YEAR 2225 p
	4. SOCIAL SECURITY NUMBER 577-09-0713		(In yrs. last birthday) 87 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) JULY 3,	1904	NASH., D.C.
TOR	9a. FACILITY NAME (If not institution, give st SHADY GROVE ADVEN RESIDENCE OF DECEDENT		AL		WN OR LOCATION OF D	EATH	100	y of death TGOMERY
DIRECTOR	10e. STATE 10b. COUNTY	10s. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	90 MONROE STREET	#1004			101. ZIP CODE 20850			SA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	If yes	DECENDENT OF HISPA I, specify Cuban, Mexic YES 2 NO Speci		ea or No— 1	4. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S (Give kind of life. Do NOT L	work done durings retired.)	PATION g most of working	166. KIND OF B	USINESS/INDU	
BE COM	17. FATHER'S NAME (First, Middle, Last) WOLF SCHENICK				18. MOTHER'S NA BELA	AME (First, Middle, Maide OXENBURG		
TO B	19a. INFORMANT'S NAME (Type/Print) SANDRA SOLOMON (D	AUGHTER)				PPER MARLE		
	20a. METHOD OF DISPOSITION 1 % Burial 2 Crentation 3 Rem 4 Donation 5 Other (Special) 21. MONATURE OF PUREAU SERVICE US	A	cob. PLACE ANO OAT of cometary, cremator LNG DAVI	D MEMO	RIAL GARDE E AND ADDRESS OF F ANSKY—GOL	N 7/9 FA	RIAL C	try or Town, State URCH, VA CHAPELS, INC. E. MD 20852
	23. PART I. Enter the disease of shock, or heart miture. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Carci	ed the death. Do each line.	not anter the	mode of dying, su		piratory arre	
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MEDICAL	PART II. Other algorificant condition	a contributing to death	but not resulting	In the under	lying cause given in	Part I. 24e. WAS / PERF	N AUTOPSY ORMED? 2 X NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X ND	HOSPITAL:	utpatient 3 🗆 DOA	OTHER:	86. PLACE OF OEATH (C			
ву РНУ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b. TI	ME OF 284	WORK?	28d. DESCRIBE HOV	INJURY OCCU	JRED
8	3 Suicide 6 Could not be 4 Homicida determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, pecify)	street, factory,	office	281. LOCATION (Stree City or Town, Ste	et and Number o	or Rural Route Number,
COMPLET	CONSCR ONLY	CIAN: To the best of my kn						d. cause(a) and manner as stated.
O BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	CM	acon	MI). DOG	945		SIGNED (Month, Day, Year)

809 VIERS MILL RD., ROCKVILLE, MD

12. REGISTRAN'S SIGNATURE

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TO BE COMPLETED BY FUNERAL DIRECTOR

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to the state of attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 m and complete has been also been signed by the attending physician and completely filled in by the funeral director, page 5 m and complete has been signed by the attending physician and completely filled in by the funeral director, page 5 m and completely filled in by the attending physician and completely filled in by the funeral director, page 5 m and completely filled in by the funeral director.	,	Spark.
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eath. Pa	uneral		n 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notining a
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The law	e has	te Dept	m 23
CIAN: 1	ertificat	the Star	or ite
PHYS	r this c	rs after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	arked,
ENDING	R: After	er deat	is m
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H P	TH CL	be file	IMPO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIEN		1 19002
1. DECEDENT'S NAME (First, Middle, Last) David Paul SM	ITH					~ 9	2 3. TIME OF DEATH
SOCIAL SECURITY NUMBER 218-50-4570 a. FACILITY NAME (If not institution, give s	1 X M 2 □ F	44 YRS.	ONTHS DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	946 1	BIRTHPLACE (State or Foreign Country) Maryland
Vashington County		,	Hage	rstown	ATH		shington
	shington	111	town on Location miths bur				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Rt 3 Box 402			10f. Z	21783			S.A
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEOENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 V NO	If yes, specif	DENT OF HISPANI ly Cuben, Maxican NO Specify:	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	s or No.— 14	I. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Etamentary/Secondary (0-12)		160. DECEDENT'S US (Give kind of wor life. Do NOT use of Driv	rk done during most o retired.)	of working	166. KIND OF BU	siness/indus	
7. FATHER'S NAME (First, Middle, Last)				8. MOTHER'S NAM	AE (First, Middle, Maider		
Melvin P. Sm	ith				th E. Neil		
e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and		oute Number, City or Tov		ode)
Ruth E. Smith		Rt 3 B	ox 402 SI	mithsbw	rg, Md. 21:	783	
a. METHOD OF DISPOSITION Burial 2 Cremation 3 Rem Donation 5 Other (Specify)		b. PLACE ANO DATE O cemetary, crematory or SMUTHS DWY	g Cemete		7-14-91 Sm		y or Town, State
Sequentially list conditions, a my, leading to immediate cause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST PART II. Other significant condition H. Cu. H. 4	DUE TO (OR AS .		INTOXICA	TION	Part I. 24a, WAS AI PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					-		1 TES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	To To	26. PLAC	E OF DEATH (Che	ock only one)		
1 NES 2 NO	1 Inpatient 2 SECOut 28s. DATE OF INJURY		Nursing Home			thi many coc:	DED.
1 Natyrel 6 Pending	(Month, Day, Year)	19 au	RY WORK	(3	Choles of	injury occu	
2 Accident Investigation 3 Suicide & Could not be	26s. PLACE OF INJUR	/ — At home, farm, str			281. LOCATION (Street	and Number or	
4 Homicide 6 Could not be detarmined	building, etc. (Spe	city)			R + # 3 -	"Smits	1 , /
TOMOGRA OTHY	ICIAN: To the best of my know						cause(s) and manner as stated
96. SIGNATURE AND TITLE OF CERTIFIE	R		1 2	9c. LICENSE NUM	IBER	29d. DATE S	SIGNED (Month, Day, Year)
Edun Qiv.	Di Hous	T		00-106	2	D 70	(11/81
Edward Will	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P	W. WEGGI	nyton	rt Hose	25 Your	, Md 2174
1. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Rando	-	j.,			

11/1/21 #

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		FOR	
1	-	STATE	
•		REGISTRAR	

1. DECEDENT'S NAME (First, Middle, Las	on to a							2. DAT	E OF DEATH	DAY	YEAR	3. TIME OF DEATH
	enton	Smith						07		3	1991	6:08 A
4. SOCIAL SECURITY NUMBER 218-96-4987	5. SEX 1 X M 2 - F	6. AGE (In yrs. Is	5 YRS.	MONTHS	DAYS	HOURS	MIN.	7. DAT	17-6	5	6. BIRT	HPLACE (State or Fore)
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY	Y, TOWN C	OR LOCATI	ION OF D	EATH		9c. CO	UNTY OF I	DEATH
Route 70 (E) at F	oute 29			E11	licot	t Ci	ity			Ho	ward	
RESIDENCE OF DECEDENT 104. STATE 10b. COU	ITY		10c, CIT	ry, town	OR LOCAT	TION		_	-		_	10d, INSIDE CITY
	eley			WOO								LIMITS?
10a. STREET AND NUMBER 32 Timberlak	e Farm				101	25 ⁴	+28		П		U.S	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 S WAR OR DATES	RMED		If yes, sp		en, Maxica	en, Puarte	ilN? (Specify Yo Rican, atc.)	es or No-	Blee	E — American Indian, ck, White, stc.
15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		+)	GIVE KIND OF U	work done use retired.)	during mo		ing			nati	ona	l Brothe
17. FATHER'S NAME (First, Middle, Last) William T. S	mith								, Middle, Meide Sue			•
19a. INFORMANT'S NAME (Type/Print) William T. S	mith	3	2 Ti	Mbe	rla	ke I	or or Rural	Route Nu	mber, City or R	d, W	Zip Code)	25428
20. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLAC	E AND OAT	other	POSITION	(Name	.W.V	1.7-	TE 20c. 1	Elk	City or T	W.Va.
21, SIGNATURE OF FUNERAL SERVICE	LICENSEE			22	. NAME AI	ND ADDRE	ESS OF FA	ACILITY	Malw	in m	9	trider (
23. PART I. Enter the difference, ahook, or haert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	R. complications th	La Ely	death. Do	P not ante	.0.				Char	les	Town	Approximate interval Bett Onset and I
23. PART I. Enter the difference, ahock, or haert failure immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a	La Ely	EQUENCE C	P not ante	.0.				Char	les	Town	Approximate Interval Bets
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23. PART I. Enter the difference, ahook, or haert failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO C. DUE TO d.	D (OR AS A CONSI	EQUENCE C	P not ante	or the mo	oda of dy	ying, suc	ch aa ca	Char	les piratory e an Autops ormed?	Town	Approximate Interval Bets
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for use as the burial-transit permit. Pages 1, 2, 3 should

ir attending physician.

BALTIMORE, MARYLAND 21215-0020

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PD.	afte	80
SEC	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages a signed by the attending physician and completely filled in by the funeral director, pages and attending physician and completely filled in by the funeral director, pages and attending physician and completely filled in by the funeral director, pages and attending physician and completely filled in by the funeral director, pages and attending physician and completely filled in by the funeral director, pages and attending physician and completely filled in by the funeral director.	hou	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE UP MAP	CERTI					MENTAL HYGIENI REG. NO.	E .		
	1. DECEDENT'S NAME (First, Middle, Last) ROBERT	SK	RIDULIS				72	2. DATE OF DEATH DA		YEAR	1138 p M
3	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birthde)		R 1 YEAR	IF UNDER		7. DATE OF BIRTH		8. BIRTHPI	LACE (State or Foreign
- 3	046-22-3808	1 M 2 D F	62 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 03-23-29		Country)	necticut
	9a. FACILITY NAME (If not institution, give at	reet and number)		9b, CIT	Y, TOWN	OR LOCATI	ON OF DE			TY OF OE	
H C	310 SOUTH PAYSO	N STREET			RAT.T	IMOR	E.		R	ALTIM	ORE
ਰੋ	RESIDENCE OF DECEDENT								<u></u>		
DIRECTOR	Maryland Balt	timore Ci	100.00	alti						-	IOd. INSIDE CITY LIMITS? I YES 2 NO
4	10e. STREET AND NUMBER	TO PULL			10	. ZIP COD	E	-	10g. CITI	ZEN OF WH	IAT COUNTRY?
E	310 S. Payson	Street					212	27	U	.S.A	•
BY FUNERAL	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 X Olvorced	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	13	If yes, sp		n, Mexica	IIC ORIGIN? (Specify Years, Puerto Rican, etc.)	or No—	14. RACE - Black, Specify.	- American Indian, White, atc. White
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2		16a. DECEDENT (Give kind a life. Do NOT	of work done use retired.	during mo	at of working	ng	166. KIND OF BUS			ustry
BE CON	17. FATHER'S NAME (First, Middle, Lest) Walter Skridt	ulis						ME (First, Middle, Meiden e Hart	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) Angela Dukehai	ct						Route Number, City or Town			D 21104
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACE AND Of of cemetary, cremate	nry or other	place)		Sei	DATE 20c. LOC CV7/10 Han		City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Paigl	- 1	22	HAIG	ND ADDRE	SS OF FA		P.O.	Box	195)
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE	OF):	E	we als	3 h_				
	reaulting in death) LAST	d									
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to de	ath but not resultin	g in the c	underlyin	g cause	given in	Part I. 24s. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26 D	ACE OF I	EATH //	eck anly one)			
$\overline{\Omega}$	EXAMINER?	HOSPITAL:	and the same of th	ОТН	ER:						
₹	27. MANNER OF DEATH	1 Inpatient 2 EF		_			asidence	6 Other (Specify)	N HIPV OO	OURED	
BY P	1 X Natural 5 Pending 2 Accident Investigation	(Month, Day, 1		TIME OF INJURY M	1 [JURY AT ORK? YES 2 [] NO	28d. OEŞCRIBE HOW I	NJUHT OC	COMED	2005
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF IN building, etc.	JURY — At home, ferr . (Specify)	m, street, fa	ectory, offic	ce		281. LOCATION (Street of City or Town, State)	and Number	or Aural Ac	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI CHECK ONLY ONE) 2 COMEDICAL EXAMINE							to the cause(s) and man			and manner as stated,
Ö	296. SIGNATURE ON TITLE OF CENTRUE	R				29c. LIC	ENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
BE	W	Jan -				0	.M.C	.E.		7/01/	
2	30. NAME AND ADDRESS OF PENSON WH	O COMPLETEO CAUSE O			STRE			MORE, MARY		10	
	31. DATE FILED (Month, Dey, Year)	32. ALGISTRANS	SIGNATURE PONDA	382				, , , , , ,			

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1	FOR STATE REGISTRAR
	 REGIOTIVAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEF	RTIFICA	HE OF	DEATH	H	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)	P P E I I					2. DATE OF	DEATH	,	YEAR	3. TIME OF DEATH
WILLIAM A.	SCHEIG					JUNE	LAN,	28	91	8:42AM
4. SOCIAL SECURITY NUMBER		GE (In yrs. last bi	irthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	BIRTH		8. BIRTI	IPLACE (State or Foreign
178 12 9100	1 😡 M 2 🗆 F	93	YRS. MONT	THE DAYS	HOURS MIN.	(Month, De March	11	1898	Pe	nnsylvania
9a. FACILITY NAME (If not institution, give at	treet and number)	7.5	9b.	CITY, TOWN	OR LOCATION OF D				NTY OF E	
The state of the s		CELITED								GEORGES
PRINCE GEORGE S	HUSPITAL (CENTER		HEVER	Lī			FKI	INCE	GEORGES
10a, STATE 10b, COUNTY	Georges	1	Gler	wn or Loca in Dal	TION .e					10d. INSIDE CITY LIMITS? XX YES 2 NO
10s. STREET AND NUMBER				10	H. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?
7100 Hillmeade Ro					20769					States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 Y IF YES, GIVE WAR O	ES 2X NO		If yes, s	CENOENT OF HISPA pecify Cuben, Mexico 8 2 NO Specific	en, Puerto Rice		or No—		E — American Indian, k, White, atc.
15. DECEDENT'S EDUC	CATION	18e. DECE	DENT'S USU	L OCCUPATI	ION	18b. Kil	ND OF BUS	INESS/IN	OUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 8 +)	Ille. Do	NOT use retir	red.)	ost of working					
	2	Ban	k Mana	ager			Bank	ing		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, Midd	lle, Maiden	Surname)		
Karl Scheig						Noah				
19a. INFORMANT'S NAME (Type/Print)		484	MAIL INO 100	DE66 /6	and Number or Rural		Chu as To	n County W.	Code	
	a In				ade Road					d 20769
William A. Schei	R DI.					GTEIIII				
20e. METHOD OF DISPOSITION 1	oval from State	Metrop	1		matory or					own, State Virginia
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22. NAME A	ND ADDRESS OF F	CILITY	Hom	p P	Δ	
▶Kohert E	. Elvan	2 1	19		O Annapol					0716
23. PART I. Enter the diseases, or of shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause o	on each line.					- 1004			Onest and Day
shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition	a. DUE TO (OR A	on each line.	ENCE OF):				- 1004			Interval Betwee
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e mainted by the hospital or attanding physician.

BALTIMORE MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

THE MEDITARY. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Jurs after death. Page 6 m. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-18 Rev 1/89

	TO THE PROPHING ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 rouns after death. Page 6 may recommed a man bosp	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, away 5 minute to entache a parache and within 72 hours after clearly with the State Dect. of Health and Mental Hyolene brief to burial, cremation, or removal.	nce.
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ŀ	1. DECEDENT'S NAME (First, Middle, Last)	Zula	Alice	Si	mmers			2. DATE :			YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Som me	AGE (In yrs. les	h feet along	IF UNDER 1 YEAR	IF UNDER		7.0475	OF BIRTH	4	91	CE (State or Foreign
	578-40-8302	1 M 2 M	84		MONTHS DAYS		MIN.	(Month	Day, Year)	907	Country)	Carolina
R	98. FACILITY NAME (If not institution, give st	oury Way			96. CITY, TOWN	OR LOCATION				9c. COU	NTY OF DEAT	
DIRECTOR	RESIDENCE OF DECEDENT	7,009			1019		PCC	0			7	
H	10a. STATE 10b. COUNTY			10c. CITY,	TOWN OR LOC	ATION					100	I. INSIDE CITY LIMITS?
	Maryland Prin	ice George	s	Ter	mple Hi	.11s				10a. CIT	1 [YES 2 NO
FUNERAL	4101 Canterbu	ry Way				207				A-100	S.A.	
BY FUN	11. MARITAL STATUS 1. Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAS	YES 2 A		if yes,	ECENDENT Of the second of the	n, Maxica	n, Puerto F	? (Specify Yea Rican, atc.)	or No-	Specify:	
	15. DECEDENT'S EDUC	CATION	18a, DE	CEDENT'S U	SUAL OCCUPA	TION		16h	KIND OF BUS	INESS/INC	Caucas	sian
	(Specify only highest grade Elamentary/Secondary (0-12)	completed) College (1-4 or 5+)	(Gi life.	ve kind of wo Do NOT use	ork done during i retired.)	nost of working	g	,,,,,	KIND OF BOO	11123371112	,001111	- 1
COMPLETED	12th	N/A	Hon	nemake	er				Home	=		
	17. FATHER'S NAME (First, Middle, Last) Robert Eugene H	loke				18. MOTN	IER'S NA		Middle, Maiden Lilli∈		Deal	L
TO BE	190. INFORMANT'S NAME (Typo/Print) Coleman F. Summ	ers Tr	190	o. MAILING	ADDRESS (Stree	and Number			per, City or Town	n, State, Zip	Code)	
	20s. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSI	TION (Name of c			L	20c. LO	CATION —	City or Town,	Steta
	1X Buriel 2 Cremation 3 Remarks 4 Donation 5 Other (Specify)	ovel from State	Wash		n Nati	oanl	Ceme	eterv	Suit	land	Marv1	and
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		1	22. NAME	AND ADDRES	S OF FA					e, Inc.
	PALLAMAN	CA	ales		6633	Old .	Alex	kande	r Ferr	y Ro	Clint	con, Md 207
NO	Sequentiony not conditione,	a. Screen	on each line									Approximate Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (O	R AS A CONSEC	DUENCE OF)	:							
	PART II. Other algorificent condition	s contributing to d	eath but not r	eaulting in	the underly	ing couse o	iven in	Part I.	24a. WAS AN	AUTOPSY	24b, WE	RE AUTOPSY FINDINGS
MEDICAL	Contrappets							_	PERFOR		CO OF	MILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
								_				
X	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	EATH (Ch	eck only on	ne)			
Sic	EXAMINER?	HOSPITAL:	R/Outpetlant 3		OTHER: 4 - Nursing No	ome 5 Ae	aldance	8 Other	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME INJU		NJURY AT WORK?		28d. DES	CRIBE NOW I	NJURY OC	CURED	
B	Natural 5 Pending Investigation					YES 2] NO					
	3 Suicide 8 Could not be determined	28e. PLACE OF building, at		me, farm, st	reet, factory, of	fice			ATION (Street a or Town, State)	and Number	or Rural Route	Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE											
	29b. SIGNATURE AND TITLE OF CERTIFIES		and and of		, at my opinion				arro prece, an			
BE	Livery Land	Run				D/	716			29d. DAT	signed (Ma	191
2	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE							/		1	
	31. DATE ELLED (Month, Day, Year)	MD G		RAIN	Hu	1 6	ppe	LMA	rlbre	M	207	72.
	IIIN 27 'Q1	P. O. Tarida	Dania DO									

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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RAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, new 5 meet in	4 2	
R	17	

1. OECEOENT'S NAME (First, Middle, Last)					DEATH	2 DATE	OF OEATH			3. TIME OF DEATH
Kurt Sc	hlege	mschl	egelm	ilch		MONT	TH E	5	1991	9 17 P.
4. SOCIAL SECURITY NUMBER 999 14746 366 56	5. SEX 1 M 2 - F	8. AGE (In yrs. Ins	st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS		OF BIRTH		Country	CFMANY
9a. FACILITY NAME (If not institution, give Manor Care Manor Care	street and number) Largo	0		PL CITY, TOWN	OR LOCATION OF	DEATH		9c. COU	NTY OF DE	
RESIDENCE OF DECEDENT	lvert	5		TOWN OR LOC		Bea	ch		1	tod. INSIDE CITY LIMITS? t YES 2 XNO
toe. STREET AND NUMBER	tol Dr	e			01. ZIP CODE 207			tog. CIT		HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AF YES 2 X	NO	If yes,	ECENDENT OF HISI specify Cuben, Mex S 2 XNO Spe	ican, Puerto		a or No-		White, etc.
15. DECEDENT'S EO (Specify only highest grad Elementary/Secondary (0-12) 12th	completed) College (1-4 or 5 N/A	+) (G Illio B	CEDENT'S L live kind of w Do NOT use aker	JSUAL OCCUPA ork done during in pretired.)	TION nost of working	18	s. KIND OF BU		ploye	đ
17. FATHER'S NAME (First, Middle, Last) Karl Schl	egel m	ilch			18. MOTHER'S	NAME (First	Middle, Meide.	Sumeme)	enn.	ebalt
190. INFORMANT'S NAME (TYPO-Print) Italry K. Sc	Wegelm	ilch	42	20 Bri	stol Dri	ve Ch	esapea	ake B	each	Md 20732
20e. METHOD OF DISPOSITION t	movel from State		No. 18	nd Crem	natory	OF .			City or Ton	lage, N.Y.
21. SIGNATURE OF FUNERAL SERVICE (ceptite /				APDRESS OF					e, Inc. ton, Md 20
Sequentially list conditions, if any, lasding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE		in.	4,a	uel				
PART II. Other significent condition	ons contributing to	death but not	resulting l	the underly	ing cause given	in Part I.	24a. WAS A PERFO	PRMEO?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
				26.	PLACE OF DEATH	(Check only o	one)			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	T ED/Outpetlant	0 000	OTHER:						
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O	ER/Outpatient : FINJURY Day, Year)	28b. TIMI	4 Nursing H E OF 28c. I	NJURY AT WORK?	-	er (Specify)	INJURY O	CCURED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	t inpetient 2 28e. DATE O (Month,) 28e. PLACE	FINJURY	28b. TIMI	4 Nursing H E OF 28c. (M t	ome 5 Residen NJURY AT NORK? YES 2 NO	28d, Di		t and Numb		oute Number,
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	1. DECEMENT'S NAME (PIEC MORNO, Land)	G.		Stan	Sbl	in	2. DATE MONT	OF OEATH	h 9	YEAR 3. TIME OF DEA
3	4. SOCIAL SECURITY NUMBER 577-07-9948	8. SEX 6. /	GE (In yrs. las		UNDER 1 YEA		N. TODATE	OF BIRTH (25/19	01	. BIRTHPLACE (State or F Country) Issue MD
E .	G. FACILITY NAME (II NOT INSTITUTION, DIVE	21)I-A	24	PAY TOY	N ON LOCATION OF		23/17		Y OF DEATH
<u>မ</u>	RESIDENCE OF DECEDENT	tania no of	1110	10c, CITY, TO	WW OR LO	CATION			13 1 1	10d, INSIDE CIT
DIRECTOR		e George		Clinto		CATION				LIMITS?
M	10e. STREET AND NUMBER					10f. ZIP CODE				EN OF WHAT COUNTRY?
FUNERAL	12913 Windbrooke	Drive 12. WAS DECEDENT EV	ED IN IT O AT	DMED	40 140	20735 DECENDENT OF HIS	PRANIC ORICH	12 10 16 . 16	USA	4. RACE American Ind
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 I	YES 2 📉	NO	If yes	, specify Cuban, Me res 2 X NO Sp	xican, Puerto			Black, White, etc. Specify: white
COMPLETED	15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12) 1.2		III.	ECEOENT'S USL Give kind of work a. Do NOT use re lector	IAL OCCUP done during tired.)	ATION most of working			ion ag	
S S	17. FATHER'S NAME (First, Middle, Last)	K NUT					S NAME (First,		Surname)	
BE	Francis Simms 196. INFORMANT'S NAME (Type/Print)		10	DE MANING AD	DRESS /SH	Pauli et and Number or Ru	ne Sho		on Otata 7to C	Navia 1
2	Thomas G. Stansb	ury				ooke Dri				
	20a, METHOD OF OISPOSITION 1 D Burlel 2 Cremetion 3 Re	moval from State	20b. PLACE	E AND DATE OF	DISPOSIT	ION (Name	DAT	E 20c. LC	CATION — CI	ity or Town, State
	4 Donation 5 Other (Specify)		Cedar	y. crematory.or o		ery	6/1	7 Sui	tland	Maryland
	Bayet &	. Wilhel	m		Rob	ert E. W tland Ma	lilhel			ome, Inc.
NOI	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR	cim	EQUENCE OF):	of	He	Vin Li	ly.	10	o de
CAT	cause. Enter UNDERLYING	a my	00/10	10	de	nein	10206	4	· ife	(Sime
ERTIFICAT		c. DUE TO (OR	AS A CONSE	EQUENCE OF):	da	ex o	psi,	rang	ife.	(leng
MEDICAL CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Africa	nte	u sui	W.			24a, WAS AI	N AUTOPSY RMED?	24b. WERE AUTOPSY ANALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	a Africa	nte	u sui	he under	ying ceuse giver	n in Part i.	24a. WAS AI PERFO 1 YES	N AUTOPSY RMED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	cause, Enter UNDERLYING CAUSE (Disease or Injury that infliteded events resulting in death) LAST PART II. Other aignificant condition	a Africa	es yes	C Successive of the second of	he under		n in Part i.	24e. WAS AI PERFO	N AUTOPSY RMED?	AVAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 ER 28e. DATE OF INJ (Month, Day, 1)	ath but not	C Successive of the second of	the under	ying ceuse giver	n in Part i. H (Check only o	24a, WAS AI PERFO 1 VES	N AUTOPSY RMED?	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
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BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initited events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpetient 2 ER 28e. DATE OF INJ. (Month, Day, 1) 28e. PLACE OF IN	ath but not t/Outpatient URY LJURY — At h (Specify)	resulting in to	THER: Nursing Tot, factory,	ying ceuse giver s. PLACE OF DEATH Home 5 Reside: INJURY AT WORK? YES 2 NO	n in Part i. H (Check only conce 6 Oth 28d. DE 28f. LO	24a. WAS AI PERFO 1 VES 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU	AMAILABLE PRIOR COMPLETION OF OP DEATH? 1 YES 2 UPED URED Or Flural Route Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or Injury that infliteded events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the beste of axam	WOutpetient URTY There T	resulting in to	he under 2 THER: Nursing F M 1 nt, factory, nt the time,	ying ceuse giver s. PLACE OF DEATH Home 5 Reside: INJURY AT WORK? YES 2 NO	n in Part i. H (Check only of the Check only on	24a. WAS AI PERFO 1 VES 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU and Number of	AMAILABLE PRIOR COMPLETION OF OP DEATH? 1 YES 2 UPED URED Or Flural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or Injury that infliteded events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Inpatient 2 ER 28e. DATE OF INJ (Month, Day, 1) 28e. PLACE OF IN building, etc. (SICIAN: To the best of my NER: On the beste of axam	t/Outpatient URTY Hear) knowledge, d ination and/or	resulting in to	he under 2 THER: Nursing F M 1 nt, factory, nt the time,	ying ceuse giver s. PLACE OF DEATH- Home 5 Resides INJURY AT WORK? YES 2 NC office data and place, and on, death occured as	n in Part i. H (Check only of the Check only on	24a. WAS AI PERFO 1 VES 1 VES 1 (Specify) SCRIBE HOW CATION (Street or Town, State	N AUTOPSY RMED? 2 NO INJURY OCCU and Number of	AMAILABLE PRIOR COMPLETION OF DEATH? 1 YES 2 THE PRIOR OF THE PRIOR OF PRIOR

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	-	FOR STATE REGISTRAR
1	0	ECECENT'S NA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Andrew Edwin Steele Social security Number S. Sex / S. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7.1	DATE OF BIRTH (Month, Day, Year) 2 5 36 9c. CO	991 10:10 a 8. BIRTHPLACE (State or Foreign Wash. DC UNITY OF DEATH
Andrew Edwin Steele Social security number S. SEX 1 217-34-1245 A. AGE (in yrs. last birthday) F UNDER 1 YEAR BONTHS DAYS HOURS MIN. 7. IN MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DEATH Olney RESIDENCE OF DECEDENT 10b. COUNTY 10c. STREET AND NUMBER 10f. ZIP CODE	June 16 1 DATE OF BIRTH (Month, Day, Year) 2 36 9c. CO	991 10:10 a BIRTHPLACE (State or Foreign Country) Wash. DC UNTY OF DEATH ntgomery
217-34-1245 1 Mm 2 F 544 YRS. MONTHS DAYS HOURS MIN. 2. FACILITY NAME (# not institution, give street and number) Montgomery General Hospital Olney 106. STATE 106. COUNTY 107. STREET AND NUMBER 107. STATE 108. STATE 109. STREET AND NUMBER 109. STATE 101. ZIP CODE	DATE OF BIRTH (Month, Day, Year) 2 5 36 9c. CO	e. BIRTHPLACE (State or Foreign Country) Wash. DC UNTY OF DEATH ntgomery
217-34-1245 a. FACILITY NAME (# not Institution, give street and number) Montgomery General Hospital Olney SESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION OLNEY 10c. STREET AND NUMBER 101. ZIP CODE	(Month, Day, Year) 25 36 9c. co	Wash. DC UNTY OF DEATH ntgomery
Montgomery General Hospital Olney DESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION OB. STREET AND NUMBER 101. ZIP CODE		ntgomery
DESIDENCE OF DECEDENT 106. COUNTY 106. COUNTY 106. CITY, TOWN OR LOCATION 107. CITY, TOWN OR LOCATION 107. CITY, TOWN OR LOCATION 108. STREET AND NUMBER 101. ZIP CODE	1110	
106. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION OF		
		10d. INSIDE CITY
		1 YES 2 NO
1011 -01 -1163	10g. Ct	U.S.A.
1. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC O		14. RACE — American Indian,
Never Married 2	uerto Rican, atc.)	Specify: White
15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION	16b. KINO OF BUSINESS/II	
(Specify only highest grade completed) (Give kind of work done during most of working life. In NITI use retired 1.	THE RING OF BUSINESSAI	NOOSINI
Elementary/Secondary (0-12) College (1-4 or 5+)	T D M	
becarity bystems imaryst		
	(First, Middle, Maiden Surname,)
3002	ne J. Moore	
9a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route		
Joyce L. Steele 18317 Dutchess Dr., Oln	ney, Marylan	d 20832
De_METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place)	DATE 20c. LOCATION	
George Washington Cem. 06-1		
22. NAME AND ADDRESS OF FACILITY FRANCIS GASCH'S	TY COME PUNEDA	T HOME D A
4739 BALT. AVE.,	, HYATTSVILL	E, MD. 20/81
disease or condition resulting in death) o. MOCALONE IN FARCTI DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	Dison	E NOTE
d		
PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying ceuse given in Par	PRINTER STATE OF THE PRINTER S	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
15. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: 1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 6 Residence 6	The second secon	
	id. OESCRIBE HOW INJURY O	OCCURED
(Month, Dey, Year) INJURY WORK?		λ
THE THEOREM ST. P. L. M. A. L.	SOLLARSE	0
2 Accident Investigation 6 6 6 7 4 1 TES 22 NO	St. LOCATION (Street and Num	ber or Rural Route Number,
2 Accident Investigation 3 Suicide 8 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28	City or Town, State)	
2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office 28	City or lown, State)	
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28. PLACE OF INJURY — At horde, farrif, street, factory, office building, etc. (Specify) 9a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to t	the cause(s) and manner as a	
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farmi, street, factory, office building, etc. (Specify) 4 Homicide 10 CERTIFIER (Check only office) 1 CERTIFIER (Check only office) 2 MEDICAL EXAMANTE On the best of my knowledge, death occurred at the time.	the cause(s) and manner as a	the couns(s) and manner as stated.
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28. PLACE OF INJURY — At horde, farrif, street, factory, office building, etc. (Specify) 9a. CERTIFIER (Check only) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to t	the cause(s) and manner as a	
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28. PLACE OF INJURY — At horde, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the street of the building and the time of the time o	the cause(s) and manner as a	the couns(s) and manner as stated.
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the street of the	the cause(s) and manner as a	the couns(s) and manner as stated.
2 Accident 3 Suicide 4 Homicide 8 Could not be detarmined 28. PLACE OF INJURY — At horde, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the street of the building and the time of the time o	the cause(s) and manner as a	the couns(s) and manner as stated.



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THE STATE

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	OTATE OF MAIN	CERTIF	ICATE O	F DEATH	MENIA	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Li		ICL ED			MONTH			3. TIME OF OEATH
IDA A		IGLER			06	09		1991 7 55P
4. SOCIAL SECURITY NUMBER 234-22-1243	5. SEX 6. AGE	E (in yrs. last birthday) 3 YRS.	MONTHS DAYE			OF BIRTH 1908	8 V:	BIRTHPLACE (State or Foreign Country) Lrginia
9a. FACILITY NAME (If not institution, g	ive atreet and number)		9b, CITY, TOW	N OR LOCATION OF C	EATH		9c. COUNTY	OF DEATH
PRINCE GEORGE'S	HOSPITAL CEN	ITER	CHEVE	RLY		Þ	RINCE	GEORGE'S
10a. STATE 10b. COL			TY, TOWN OR LOC	CATION				10d. INSIDE CITY
Maryland Pr	ince George's	Boy	wie					LIMITS?
10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
12214	Mackell Lane				20715	T	United	d States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes,	ECENOENT OF HISPA specify Cuben, Maxic ES 2 ANO Spec	en, Puerto I	i? (Specify Yes o Ricen, etc.)		RACE — American Indian, Black, White, etc. Specify: BUCASÍAN
15. OECEOENT'S (Specify only highest g		(Give kind of	B USUAL OCCUPA work done during	TION most of working	16b	KIND OF BUSIN	NESS/INDUS	TRY
Elementary/Secondary (0-12) -12-	College (1-4 or 5+) -2-	Itte. Do NOT L	use retired.)	ical Nurs	e	Hospita	al.	
17. FATHER'S NAME (First, Middle, Last)	William Ande	rson Alle	en	16. MOTHER'S N Jathi		Middle, Melden St Adeline		iams
19a. INFORMANT'S NAME (Type/Print) Robert Span	gler			et and Number or Rura ke11 Lane		ber, City or Town, Tie, Ma:		
20a. METHOO OF DISPOSITION 1 [XBurlal 2 Cremation 3 I 4 Donation 5 Other (Specify)		PACE AND OAT			3-91			or Town, State
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22. NAME	AND ADDRESS OF F	ACILITY	wal Hor	mo D	Α
Kober	E Eva	No Pr	160	000 Annap	olis	Road Bo	owie,	Md. 20715
23. PART I. Inter the disease, nock, or heert falls immediate CAUSE (Finel disease or condition resulting in deeth)	a. OUE TO (OR AS	each line.		/	on all care	or reapris	itory arrow	Approximate interval Between Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (or as	S A CONSEQUENCE O	. 0	entre				
PART II. Other algnificent cond	Itlone contributing to death	but not resulting	In the undariy	ying cause given i	n Part I.	24a. WAS AN A PERFORM 1 YES 2 {	ED?	24b. WERE AUTOPSY FINDS AMALABLE PRIOR TO COMPLETION OF CAUS OF OEATH? 1 YES 2 NO
25. WAS "ISE REFERRED TO MEDICA	AL. T		26	PLACE OF OEATH (Check only o	ne)		
EXAM-TER?	HOSPITAL:	utpatient 3 DOA	OTHER:	Iome 5 - Realdenc		Service -		
27. MANNER OF OEATH	28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TI		INJURY AT WORK?	_	SCRIBE HOW IN	JURY OCCUI	REO
1. Natural 5 Pending 2 Accident Investigat		7		YES 2 NO				
3 Suicide 6 Could no determine	building, atc. (S	RY — At home, farm. pecify)	, street, factory, o	ffice	28f. LOC City	CATION (Street an or Town, State)	d Number or	Rural Route Number,
con)	HYSICIAN: To the best of my kn							
2 MEDICAL EA	MINER: On the basis of examine	tion and/or investigat	tion, in my opinion	n, death occured at ti	ne time, date	and place, and	due to the d	suse(a) and manner as state
29b. SIGNATURE AND TITLE OF CO	rifier 4	gar	_	29c. LICENSE N	UMBER		PAG. DATE S	DINED (Month, Day, War)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	OEATH (ITEM 27) (Type	De Print)	ich D	rel	Ru	vol	le mis
31 DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE				netranic de		2537

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate death certificate has been signed by the attention physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If filled within 72 hours after death with the State Dept. of Health and Men** Hyglene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. B. X 68760,

IMPORTANT: If Item 28 is marked, or item 23 shows any igistry, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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91

OHMH-16 Rev 1/89

- 67	-	Contract of the Contract of th	
BALLIMONE, MANTEAND 21213-0020	SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In the State Dept, of Health and Memal Hygiene prior to burial, cremation, or removal.	d, or tiem 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
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I VII AL RECORDS, P.O. BOA 86/80,	execut	certificate has been signed by the attending physician and completely filled in by the fu h the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	matic
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	certific	ding pl	r othe
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with to marked,

DIRECTOR: After the hours after death water 28 is mark

TO THE HOSPITAL OF THE FUNERAL DE FIED WITHIN 72 TO IMPORTANT: If It

JUL 1 0 91

HOSPITAL OR ATTENDING PHYSICIAN:

DIVISION OF

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 6/28/91 9:40 a JOHN SMITH A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M 2 F YRS. 215-18-0033 5/16/1905 Maryland Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH PRINCE GEORGE'S SOUTHERN MARYLAND HOSPITAL CENTER CLINTON RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY 1 TYES 2 NO Maryland P.G Upper Marlhoro 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 1604 Molly Berry Road 20772 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married
3 Widowed 4 Divorced BY Black X COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16h KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Dept of Highway Adm. Flementary/Secondary (0-12) College (1-4 or 5+) 12 Laborer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Thomas BE Floria Carrol1 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20772 2 Annie R. 11604 Molly Berry Road Upper Lewis Marlboro METHOD OF DISPOSITION 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20e. METHOD OF DISPOSITION

1 W Muriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) matory or of C Cemetery 7/ 22. NAME AND ADDRESS OF FACILITY Croom. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENS Adams Funeral Home, P.A. ud Aquasco Road. Aquasco. MD 20608 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or reert failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Fine) cardiae disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): artery disease DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury thet initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 | Inpatient 2 | XER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 26b. TIME OF INJURY 1 Natural 2 Accident 5 Pending Investigation м 1 YES 2 NO BY 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only one)

The period of the best of my knowledge, death occurred at the lime, date and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED/(Month, Day/ Year) 29c. LICENSE NUMBER BE aluti 5- Carleun 40. 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Roberto Castrence, M.D. 4302 St. Barnabas Rd., Marlow Heights, MD. 31. DATE FILED (Month, Day, Year) 32, REGISTRAR'S SIGNATURE

Gelie Savidson Randiste

	1. DECEDENT'S NAME (First, Middle, Last)	er Poits	JR.			2. DATE OF DEATH		3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7, DATE OF BIRTH (Month, Day, Year	- 1		ACE (State or Foreig
	228-52-3753	4	9 YRS.	ONTHS DAYS	HOURS MIN.	6/9/19	42	Vi	rginia
CTOR	NACHT MAME II ME Institution, give	lland Ho	SPHOL (linte	g LOCATION OF DE	EATH	Fin	Ce C	Slorbe.
DIRECTO	Maryland Prin	ce George'		mple I					Dd. INSIDE CITY LIMITS?
BAL	4407 Lyons St	reet		101.	20748	- 66			States
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 X NO	If yes, spe	ENDENT OF HISPAI	NC ORIGIN? (Specify in, Puerto Rican, etc. y:	Yes or No- 1	14. RACE	- American Indian Vhita, etc.
ED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. OECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo:		16b. KINO OF	BUSINESS/INOU		
COMPLET	12th Grade	College (1-4 or 5+)	None	eureo.,			N/A		
_	17. FATHER'S NAME (First, Middle, Lest) Luther Smit	h				ice Sma			15.00
TO BE	19a. (NFORMANT'S NAME (Type/Print)		196. MAILING AL	ODRESS (Street a	1 12	Route Number, City or		Code)	
ř	Bernice Smith		4407			emple H	ills,		Charles
	M Burial 2 Cremation 3 Ran 4 Donation 5 Other (Specify)		d gemetary, crematory of Incoln M		emetery	4.0	uitland		
	21. SIGNATURE OF FUNERAL SERVICE U	ICENSEE	_		art Fur	neral Ho	ome		
	23. PART/ Enter the diseases, or	complications that cause	, 11			g Road,			h. D.C
NO	disease of condition resulting in death)	S. Brum Doue to (OR AS	A CONSEQUENCE OF):		1				
CATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	· Major ell	A CONSEQUENCE OF:	mial	axeery remorn	sm wu	large		
ERTIFICATION	If any, leading to immediate	· Major ell	A CONSEQUENCE OF: A CONSEQUENCE OF:	erial goid p eruator	aneury remorn	sm wu lage	large		
: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. Major the or as	A CONSEQUENCE OF:	mual of the mail of the underlying	Ma_	Part I. 24s. WAI	S AN AUTOPSY HORMED?	a c	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	c. Major Life DUE TO (OR AS d. MINOCOLI UNB CONTributing to death	A CONSEQUENCE OF:	28. PI	g cause given in	Part I. 24a. WAI PEF 1 YE	FORMED?	a c	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	d. MOSPITAL: 1 Vingetient 2 ERVOU 288. OATE OF INJURY (Morth, Dey, Veer)	A CONSEQUENCE OF: A CONSEQUENCE	26. PE THER: Nursing Hom OF 28c. INJ WC	g cause given in	Part I. 24e. WAA PEF 1 YE	FORMED?	1	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	d. MOSPITAL: 1 Inpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	A CONSEQUENCE OF: A CONSEQUENCE	26. PL DTHER: Nursing Hom DF 28c. INJ WO M 1	g cause given in	Part I. 24a. WAI PEF 1 YE neck only one) 6 Other (Specify)	S 2 NO	URED	MAILABLE PRIOR 1 COMPLETION OF C. F DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Sulcide 6 Could not be determined 29s. CERTIFIER (Check only)	d. PLACE OF INJURY	A CONSEQUENCE OF: A CONSEQUENCE	26. PL THER: Nursing Hom OF 28c. INJ. W M 1 1 1	g cause given in	Part I. 24a. WAY PEF 1 YE Octoor (Specify) 28d. DESCRIBE HO 28f. LOCATION (St. City or Town, S	S 2 NO OW INJURY OCCI reet and Number of late)	URED Or Pural Ros	MAILABLE PRIOR TO COMPLETION OF CA
BE COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Sulcide 6 Could not be determined 29s. CERTIFIER (Check only)	DUE TO (OR AS d. MOSCAL ins contributing to desth the contributing to desth 28a. QATE OF INJURY (Morth, Day, Veer) 28a. PLACE OF INJURY building, etc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE	26. PL THER: Nursing Hom OF 28c. INJ. W M 1 1 1	g cause given in	Part I. 24a. WARPER 1	S 2 NO OW INJURY OCCI reet and Number of liste) manner as state e, and due to the	URED Or Pural Ros	YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR AS d	A CONSEQUENCE OF: A CONSEQUENCE	26. Pt DTHER: Nursing Hom DTY M 1	G cause given in ACE DF DEATH (CI S 5 Residence URY AT RK7 YES 2 ND a and place, and due teath occured at the	Part I. 24a. WARPER 1	S 2 NO OW INJURY OCCI reet and Number of liste) manner as state e, and due to the	URED URED or Rural Rool id.	MALLABLE PRIOR COMPLETION OF C

31 19692

FOR STATE REGISTRAR

FRANKLIN

4. SOCIAL SECURITY NUMBER

232-50-1757

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number;

1 -

TOR	REAR7650	O SPRI	NGBROOK L	ANE			Clin	ton			PRINC	CE G	EORGES
DIRECTOR	10a. STATE	10b, COUNTY			10c. CITY, TOW		LOCATION						d, INSIDE CITY LIMITS?
- 1	Maryland		e George's		Clint	on							YES 2 PNO
HAI	6500 Spring		Lane				101. ZIP	2073	5			N OF WHA	A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	Married	12. WAS DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	ES 2-1	MED NO	If y	es, specify	ENT OF HISPA Cuban, Mexico NO Specif	NIC ORIGI			Black, W Specify:	American Indian, Thita, etc.
ED		ECEDENT'S EDU			CEDENT'S USUAL			working	160	. KIND OF	BUSINESS/INDUS	STRY	
COMPLET	Elementary/Secondary	(0-12)	College (1-4 or 8+)	life.	ck Driv	d.)			G	iant	Food Co		
ш	17. FATHER'S NAME (First, Oliver Sm					Ü	16.	мотнея з ми Vanni			den Surname)		
10 8	190. INFORMANT'S NAME Martha Smi				600 Spri							ode)	
	20a. METHOD OF DISPOS 1X Burlet 2 Creme 4 Donation 5 Ott	tion 3 Ram	oval from State	of cemetary	and date of d crematory or oth Cemete	er plac LY	ce)		86	- W	LOCATION - CH	fe, V	V.Va.
	21. SIGNATURE OF TUNE	RAL SERVICE LIC	3. J. S.	1							Funeral ry Rd.,(
. CERTIFICATION	Sequentially list condition resulting in death) Sequentially list conditions, list any, leading to limit cause. Enter UNDER CAUSE (Disease or list that initiated events resulting in death) L.	ditions, nediate LYING njury	b. OUE TO (OR A DUE TO (OR A d. Secontributing to dest	AS A CONSE	OUENCE OF):	unde			Deet 1		S AN AUTOPSY	Lan	ESS AUTOROX ENDIN
: MEDICAL	PARI II. Othar signit	CONTROL CONTROL	s contributing to dast	n but not	resulting in the	unde	enying ca	use given in		PER	S AN AUTOPSY IFORMED?	AA CC OI	ERE AUTOPSY FINDIN MILABLE PRIOR TO DMPLETION OF CAUS F DEATH?
PHYSICIAN:	25. WAS CASE REFERRED	TO MEDICAL	HOSPITAL:		107	IER:		OF DEATH (C	heck only o	ne)			
KS	1 X YES 2 □ NO 27. MANNER OF DEATH		1 Inpatient 2 ER/C		28b. TIME OF	Nursin	ng Home 5		7		WOODED		A
스	1 Natural 5	Pending	06/13/	91	10:41		1 YES				T HANG		SELE
00	2 Accident 3 Suicide 6	Investigation Could not be	28e. PLACE OF INJ building, etc. (URY — At he					28f. LO		reet and Number or		
TEO	4 Homicide	determined	bunuing, etc. (WOODED	AI	REA				DRINGR	POOL	LANE
COMPLET	(Crieck brilly —		CIAN: To the best of my k										
	29 SIGNATURE AND TH	TLE OF CERTIFIE					29	. LICENSE NU	IMBER		29d. OATE	SIGNED (M	forith, Day, Year)
BE	Mas	シイ	XX					o.c.	M.E		06/	14/9	91
01	31. DATE FILED (Month, D	UI	O COMPLETED CAUSE OF		11.	1 I	PENN						LAND212

D ELANO

6. AGE (In yrs. last birthday)

57

5. SEX

1 X M 2 F

CERTIFICATE OF DEATH

SMITH

IF UNDER 1 YEAR

DAYS

06

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

91 19693 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH MONTH 3. TIME OF DEATH 13 10:40 P BIRTHPLACE (State or Foreign W. Virginia 7. DATE OF BIRTH 9c, COUNTY OF DEATH PRINCE GEORGES 10d, INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. 14. RACE — American Indian, Black, White, etc. Specify: White BUSINESS/INDUSTRY Food Co. en Surname) lown, State, Zip Code) 1.20735 LOCATION — City or Town, State nancliffe, W.Va. Tuneral Home, Inc. ry Rd., Clinton, Md. spiratory srrest, Approximate interval Between Onset and Death AN AUTOPSY FORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? 2 🗌 NO THE PES 2 | NO WOODEDAREA W INJURY OCCURED T HANGED SELF eet and Number or Rural Route Number, ete) PRINCEPOOK LANE and due to the cause(s) and manner as stated. 29d. OATE SIGNED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH AND		HYGIENE REG. NO.		9694
		ORMA W.	, 5	ING	ER	2. DATE OF MONTH	16	911	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 577-24-4234	1 - M 2 XX	32 YRS.	IF UNDER 1 YEA	8 HOURS MIN.	7. DATE OF (Month, D	ay, 16ar))—09	Virg	inia
TOR	9a. FACILITY NAME (If not institution, give atm SOUTHERN MAR) RESIDENCE OF DECEMENT	y LAND Ho	SPITAL	96. CITY, TOW	N OR LOCATION OF DI	EATH	PR.	IN CE	GIBORGI
DIRECTOR	10e. STATE 10b. COUNTY	ce George's		mple I					d. INSIDE CITY LIMITS? YES 2XXNO
FUNERAL	100. STREET AND NUMBER 5109 Yorkville R	oad			101. ZIP CODE 20748			zen of wha United	States
В	11. MARITAL STATUS 1 Never Married 2 Merried 3 XVIVidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes,	DECENDENT OF HISPAI specify Cuban, Mexico (ES 2 XXO Specif	n, Puerto Rice		14. RACE — Bleck, W Specify:	American Indien, Thite, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Cotlege (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Operat	ork done during retired.)	ATION most of working	***	NO OF BUSINESS/ING Statler H		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Daniel E. Warde	r	31		Char:	lotte	Me, Malden Sumame) E. Riker		
5	190. INFORMANT'S NAME (Type/Print) Michael E. Singe	r			10a-10f.	Route Number,	City or Town, State, Zij	Code)	
	20e. METHOD OF DISPOSITION 1	val from State 20b	cemetary, crematory of Lee Crei	or other place)		DATE	20c. LOCATION - Clint	on, Md	
	21. SIGNATURE OF PURERAL SERVICE SICE	9//		22. NAMI	3 Old Alenton, Md.	xander	e Funeral Ferry Ro	home	,Inc.
	23. PANT I. Enter the diseases, or canock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	ist only one ceuse on e	ech line.	ot enter the	mode of dying, suc	ch ea cerdia	c or reapiratory ar	reat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	HON'IA				
	PART II. Other algnificant conditions	a contributing to deeth b		the under	ying couse given in		4a, WAS AN AUTOPSY PERFORMED?	AN CC OI	ERE AUTOPSY FINDINGS BILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		OTHER:	B. PLACE OF DEATH (C		Specify)		
ВУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY (Month, Day, Year) 28e. PLACE OF INJURY building etc. (See	26b. TIME INJU	M 1	INJURY AT WORK? YES 2 NO	281. LOCAT	ION (Street and Number		te Number,
COMPLETED	4 Homicide determined 29e. CERTIFIER (Check only	building, etc. (Special CIAN: To the best of my known R: On the basic of examination	riedge, death occurre			e to the cause			nd manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER JELLE C. J. W. 30. NAME AND ADDRESS OF PERSON WHO	a HD	ATH (ITEM 27) (Jone	Print)	DI6	/32	29d. DA	0 1	Ignith, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

JUN 27 91

OFFICE &

DHMH-16 Rev 1/89

20602

DHMH-18 Rev 1/89

	1. DECEDENT'S NAME (FIN		G.	SH	IIPLI	EY				2, DATE O MONTH JUN	DA	5 1 991	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM			AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		BIRTHE Country	PLACE (State or For
	579-14-509		1 M 2 XXF	88	YRS.	at 0000		OR LOCATI		Sept	.25,1	902 W	ash	ington,
æ	96. FACILITY NAME (# not			TAT					ON OF DE	ATH				
DIRECTOR	PHYSICIANS	MEMOR	TAL HOSPIT	AL		1 1	A PI	LATA				L CHA	RLES)
E E	10a. STATE	10b. COUNT				TY, TOWN	1071							10d. INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBE		ce Georges		Cap	ital	-	ghts						1 TYES 2 XX
RA	4110 Alto						1	2074	_			-	A.	MAI COUNTRY?
FUNERAL	11. MARITAL STATUS	JII DC.	12. WAS DECEDENT	EVER IN U.S. ARI	MED	13.				IIC ORIGIN?	(Specify Yes		_	— Amarican India
BY	1 Never Married 2 [3 Wildowed 4 Div		FORCES? 1 FYES, GIVE WAR		10			ecity Cube		n, Puerto Ri	can, etc.)		Specif	white white
ETED		ECEDENT'S ED		(GI	ve kind of	S USUAL C	during mo	ON ost of world	ng	16b.	KINO OF BU	SINESS/INDL	JSTRY	
۳	Elementary/Secondary	(0-12)	College (1-4 or 5+)		usew	use retired.)					wn Ho			
COMPL	17. FATHER'S NAME (First,	Middle Lest)		по	usew	ire	_	18 MOT	HER'S NA		iddle, Malden			
_	Oscar A.	AND ALL OF THE PARTY OF THE PAR									eth H			
BE	194. INFORMANT'S NAME			198	, MAILIN	G ADDRES	S (Street					vn, State, Zip	Code)	
임	Mary E. Da	niels		B	ox 1	78 C	1eme	nts,	MD.	206	24			
	20e. METHOD OF DISPOS X ☑ Burlel 2 ☐ Crema		moved from State	20b. PLACE other pla		OSITION (N	ame of ce	metery, crea	matory or			OCATION — C		
	4 Donation 5 Doth	ner (Specify)		Cedar	Hil						Sui	tland	, MI	D
1	IN HIGHAILINE OF FUNER	RAL SERVICE L	CENTRE			22	NAME A	ND ADDRE	SS OF FA	CILITY		1.200	Cart	. 1 1 1
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death)	heart fellure Final	. List only one caus	caused the de e on each line	nh	not ente	r the mo	ode of dy	ring, suc	h as card	ac or resp	Suit	land	itland Rd, MD. 2
TIFICATION	IMMEDIATE CAUSE (I disease or condition	ditions, nediate LYING niury	a. Candions thet Due TO (C	caused the de e on each line	OUENCE (OF):	r the mo	ode of dy	ring, suc	h as card	ac or resp	Suit	land	Approximinterval B
AEDICAL CERTIFICATION	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to imminate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li	dittons, neclate LYING njury	a. Canalia DUE TO (0 c. DUE TO (0 d.	Caused the de eon each line on each line on each line on AS A CONSECUTION AS A CONSE	DUENCE (OF):	the mo	t co	ving, suc	h as cardi	ac or resp	Suit	lanc	Approximinterval B
MEDICAL	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to imminate. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Li	dittons, neclate LYING njury	a. Can did not consider the complete that one cause a. Can did not consider the consideration of the consideration	Caused the de eon each line on each line on each line on AS A CONSECUTION AS A CONSE	DUENCE (OF):	the mo	t co	ving, suc	h as cardi	ac or resp 24e, WAS Al PERFO	Suit	lanc	Approximinterval B Onset and Onset a
MEDICAL	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death in the cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Light PART II. Other significant in the cause of the caus	dittons, neclate LYING nijury	DUE TO (C	Caused the dee on each line on each line on each line on each line on each line on as a consecutive on as a consecutive of the	DUENCE (OF):	endertylm	t co	ying, suc	h as cardi	24a, WAS AJ PERFO	Suit	lanc	Approximinterval B Onset and Onset a
MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition; leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations are successful to the significant conditions are successful. The significant conditions are successful to the significant	dittons, neclate LYING nijury	DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C	Caused the dee on each line OF AS A CONSECUTION OF AS A CONSECUTIO	DUENCE (OF): OF): OTHE	r the mo	DACE OF	given in	Part I.	24e, WAS APPERFO	Suit	land	Approximinterval B Onset and Onset a
PHYSICIAN: MEDICAL	Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition; leading to imm cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Light lig	dittons, neclate LYING njury AST	DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C DUE TO (C	Caused the de e on each line on each line on each line on each line on as a consecutive of the consecutive o	DUENCE (DUE	OF): OF): OTHE	26. PER: maing Hor	PLACE OF	given in	Part I.	24e, WAS APPERFO	Suit	land	Approximinterval B Onset and Onset a
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ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition in the cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) L. PART II. Other significations in the cause of the cause	ditions, mediate LYING njury AST Cant condition To MEDICAL Pending Investigation Could not be determined	DUE TO (C DUE TO (C	caused the dee on each line on each line on as a consecutor on as a co	DUENCE (DUE	OF): OF): OF): OTHE MIME OF NJURY M o, street, fe	26. FER: arsing Horizontal Laboratory, official time, data	PLACE OF PLUCKER TO PROVIDE TO PR	given in	Part I. Part I. S Other 28d, DES 28f, LOC/City of	24a, WAS AF PERFO 1 YES: (Specify) CRIBE HOW ATTON (Street	NAUTOPSY PAMED? 2 1 40	24b	Approximinterval B Onset and Onset a
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BALTIMORE, MARYLAND 21203-314	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending p	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the beough with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 27 Hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per hours after death with the State Deri. of Health and Mental House prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Prip)

M.D

Davidson Randall

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19696 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATH 2. DATE OF DEATH DAY YEAR 91 EARL 0. SCOTT 5:10 PMM 06 7. DATE OF BIRTH (Month, Day, Year) 07-02 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9 1 M 2 D F YRS. 2993 WASH 9e. FACILITY NAME (If not institution, give 9b. CITY. TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH PRINCE GEORGES GEORGES DIRECTOR RINCE HOSPITAL CHEVERLY ENTER RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY UPPER MARLBOROUGH 1- YES 2 NO MARYLAND P FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP COOE 20772 1077 LARGO ROA USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced BLACK ED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher E Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 9th SHOE REPAIRMAN SHOES 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) GEORGE BENJAMIN SCOTT PARTHENTA COODE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 FLORINE SCOTT 1077 20772 LARGO RD. MARI. BOROLICH, MD 20c. LOCATION — City or Town, State HPPER 20a. METHOD OF DISPOSITION

1 Buriel 2 Cremetion 3 Re 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City of Buriel 2 ☐ Cremation 3 ☐
Donation 5 ☐ Other (Specify) WASHINGTON NATIONAL SUITLAND, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY RALPH WILLIAMS FUNERAL SVC 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heert failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final Recitoritis disease or condition_ and resulting in death) DUE TO (OR AS A CONSEQUENCE OF): ungeuna CERTIFICATION Sequentially list conditions, DUE TO (OR AL A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Coura neure of DUE TO (OFFAS A CONSEQUENCE OF): CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 1 TYES 2 NO 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCUREO 1 Natural
2 Accident 5 Pending investigation 1 YES 2 NO BY 28e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined ED 4 Homicide ET 29a, CERTIFIER COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. E FUNERAL (

Within 72 h TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of exi ition end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and manner as stated. 296. BIGNATURE AND TITLE OF CERTIFIER

29d, DATE SIGNEO (Month, Day, Year) 9 078 DHMH-16 Rev 1/89

DHMH-16 Bey 1/89

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ni.	ANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must	
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vithin 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	s any injury, or other traumatic event, the medical examin	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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Who Sainten-Randall

1. DECEMENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY 3. TIME OF DEATH 0800 Herbert P. Streett 20 91 6 4. SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) HOURS DAYS 1 X M 2 | F YRS. 719-03-1779 April 18 1918 Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY DF DEATH Greater Laurel Hospital Prince George's Laurel DIRECTOR RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Prince George's Laurel FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN DF WHAT COUNTRY? 107 Irving Street 20707 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify-Cuban, Mexican, Puerto Rican, etc.)

1 ☐ YES 2 ☑ ND Specify: FDRCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 X Married Specify: B 3 Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working G 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) Carpenter Charles Landscape Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Preston Streett Myrtle Smith BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Ula Streett 107 Irving St. Laurel, Maryland 20707 20e METHOD OF DISPOSITION
1 ☑ Burlat 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION — City or Town, State Fort Lincoln Cemetery Brentwood, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Road Appress of Factory 17 Funeral Home, Inc. 3401 Bladensburg Road 20722 Brentwood, Maryland 20722 M00853 Color 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate shock, or heart fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) PUL MOMARY Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) CERTIFICAT cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 ND OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:

1 N Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 - YES 2 NO 4 - Nure ng Home 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28d. DESCRIBE HDW INJURY OCCURED 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 Natural 2 Accident 1 YES 2 ND BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 294. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my m, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of for immediation, in my opinion, death occured at the time, date and place, and due to the cause(e) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1-1966 16-20.91 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1908, PHIS)

A. DE LA TORRE, MD - 320 Montgomery Aurel Md. 2070 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

4. NE L.

13146, BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within. Whurs after death. Page 6 may be retained by the hospital or attending physician. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Proceed that the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	d, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Jours after of TD THE FUNETAL UNHEARL UNHEARLY After this certificate has been signed by the attending physician and completely filled in by the select within 72 hours after the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT, If them 28 is marked, or Item 23 shows any injury, or other train

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	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE (3. TIME OF DEATH						
	Mr. Burdette Boardman Sanche					Z				June	22	2]	1991 2:00 A.M. M		
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. last birthe		y) IF UNDER 1 YE				7. DATE (DE BIRTH	Country		HPLACE (State or Foreign	
	216 16 4139		1 XM 2 🗆 F	65	YRS.	months	UNITS	HOURS	mire.	Feb.		926	Flo	rida	
	9e. FACILITY NAME (If not institution, give street end number)			174	9b. CITY	, TOWN C	R LOCATI	ON OF D	EATH		9c. COUNTY OF DEATH				
DIRECTOR	1211 Pensiv					В	owie	2				Pri	Ince	Georges	
[[]	RESIDENCE OF DEC	10b. COUNTY	r		10c. CIT	Y, TOWN (OR LOCAT	ION						10d. INSIDE CITY	
<u></u>	Maryland	Prin	ce George	es		owie							i i	LIMITS?	
	10a, STREET AND NUMBER		00018				101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
	1211 Pensive Lane					20716						Un	ited	States	
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME								NIC ORIGIN? (Specify Yee or No. 14.				E — American Indian,		
<u>L</u>	1 Never Married 2 Married FORCES? 1 X YES 2 N IF YES, GIVE WAR OR DATES			10	1 □ YES 2 □ NO Specify: Specify:					k, White, atc.					
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ш	Elementary/Secondary (I	0-12)	College (1-4 or 6	+)	life. Do NOT use retired						U.S. Gover			m #	
COMPL	17. FATHER'S NAME (First, M	Malatin A and	4	Per	ercurment-Naval Dept.						rnme	II C			
_	John Sanche					16. MOTHER'S NA					Norwoo				
BE	19a. INFORMANT'S NAME (190	. MAJE ING	ADDRES	S (Street a			_	er, City or Tow		in Code)		
임	Myrtle N.		7								arylan		0716		
	204 METHOD OF DISPOSIT	ION	FI LONG	20b. PLACE	OF DISPO					20 110	-			own, State	
	1 Buriel 2 Cremetic	on 3 🗆 Rem	oval from Stata	- Resur		tion Cemetery Clinton Maryla					vland				
	21. SIGNATURE OF FUNERA	L SERVICE LI	CENTRE	0					SS OF FA						
	*KNOOD	6	1 mm	1 /0	00)						al Hon	-			
\dashv	23. PART I. Enter the d	Iseasea, or	complications the	at caused the de	ath. Do									Approximate	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory as abook, or heart feliure. List only one cause on each line.							Interval Between Onset and Daath							
	IMMEDIATE CAUSE (Find disease or condition	nai	HV	Pox 6 xx	21A \$2 = 100.					4.					
	resulting in death)	O (OR AS A CONSE	AS A CONSEQUENCE OF):				ONS	AL.	_		170 marc				
z			MA	LIGNAN	EDNIA A CONSEQUENCE OF): NANT PLEURAL EFFU					FUS!	ONS	>		13 mos	
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3	cause. Enter UNDERLY CAUSE (Disease or Inju		a APE	NO CLA	KCI	NO	11/1	4	0+	EJI	D814146VJ 12			14 mos	
	that initiated eventa resulting in death) LAS		DUE TO	OR AS A CONSE	DUENCE O	ME	TA	CT	477	(_					
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_	PART II. Other algolfica	ent condition	na contributing to	death but not r	esuiting	in the u	nderiyin	cause	given in	Part I.	24a. WAS AN		241	b. WERE AUTOPSY FINDINGS	
EDICAL											PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION OF CAUSE	
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CIA	25. WAS CASE REFERRED T	TO MEDICAL	HOSPITAL:					ACE OF E	DEATH (C/	heck only on	e)				
YSI	1 TYES 2 NO			☐ ER/Outpatient 3	□ DOA	OTHE:		. 5 XR	esidenca	6 🗆 Other	(Specify)				
PHYSICIAN:	27. MANNER OF DEATH	(Mont)				ME OF 26c. IN		JURY AT		28d. DES	CRIBE HOW I	VINJURY OCCURED			
BY	1 Netural 6 2 Accident	Accident Investigation						YES 2 [NO						
3 Suicide 6 Could not be building, atc. (Specify)							26f, LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPL	anal		ICIAN: To the best o												
Ö	2 MED	HCAL EXAMINE	ER: On the besie of	examination end/or	Investigati	on, in my	opinion, c	leath occu	red at the	time, date	and place, an	nd due to	the cause((e) end manner ee stated.	
BE	29b. 9/0NATURE AND TITLE	OF CERTIFIE	E. A	-: 1	20 1			29c. LIC	ENSE NU	MBER 77	>	29d. DA	TE SIGNE	D (Month, Day, Year)	
0	arline	4 12	ocacelle	re 1	M			W	×0	1 +	پ		0 - X	4-71	
	30. NAME AND ADDRESS O	A C	O PACT	ISE OF DEATH (ITE		o, Print)	1.11	NIF	6	T.	SALT	700)	c ma	
	31. DATE FILED (Month, Day,	Year)	32. REGISTE	AR'S SIGNATURE	60	0 /4	100	レムノ	-	1/2	1741	111/	OKE	, 1119	
	JUN 28 '91	4	0	- Randall											

	1. DECEDENT'S NAME (First, Middle, Last)				DEATH	REG. N	0.	3. TIME OF DEATH
18		Harriet	E. S	uit		7/2/91	DAY Y	6:00P
	4. SOCIAL SECURITY NUMBER 213-54-9188 9a. FACILITY NAME (If not institution, give a	1 🗆 M 2 💢 F	33 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN,	(Month, Day, Year)	V	BIRTHPLACE (State or Foreig Country) Vash. D.C.
CTOR	2105 Alice Ave.			Oxon H	ill	n		e George's
DIRE	10a. STATE 10b. COUNT	e George's		TOWH OR LOCAT				10d. INSIDE CITY LIMITS? VES 2 NO
FUNERAL	2105 Alice Ave. A	pt. 103		10	20745		10g. CITIZE	N OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2. NO	If yes, ap	CENDENT OF HISPANIC Becify Cuban, Maxican, I B 2 NO Specify:		Yea or No- 14	I. RACE — American Indian, Black, Whita, etc. Specify: White
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION o completed) College (1-4 or 5+)	16a. DECEDENT'S L (Give kind of wo life. Do NOT use	ork done during mo	ON pet of working	16b. KIND OF E	BUSINESS/INDUS	
COMPL	8th 17. FATHER'S NAME (First, Middle, Last)		Housew	rife	18. MOTHER'S NAME	(First, Middle, Maid		
BE C	Edward L. Winter				The same of the sa	h Crawfo		
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural Rou			
	Divie Weaver		901 FC	orest Dr	South		1, Md.	
	1 Surial 2 Cremation 3 Rem	noval from State	it. Olivet	"Cemete	ery 7/8/9	1 Wa	shingt	on, D.C.
	23. PART I. Epter the diseases, or	complications that cause	ad Ab a ideath. Do a					Md. 20745
ATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Sundan DUE TO (OR AS	aach lina.	ise A	eath			Interval Bet
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Just to (OR AS b. Addition DUE TO (OR AS c.	A CONSEQUENCE OF	ine A Caran				Interval Bets
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: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of t	a. Julian Due TO (OR AS b. Due TO (OR AS c. Due TO (OR AS d.	A CONSEQUENCE OF	ic P Cardo	wascule	irt I. 24a. WAS PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if arry, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions and the conditions of	B. DUE TO (OR AS	A CONSEQUENCE OF	ite p Cause Cause The underlyin 26. P OTHER: 4 □ Nursing Hore	ig ceuse given in Pa	ert I. 24a. WAS PERI 1 VES conly one)	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES: 2 NO
PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if arry, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sequenced by the conditions of the c	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 □ DOA	26. P OTHER: 4 Nursing Hore E OF 28c. IN W M 1	LACE OF DEATH (Check me 5 M Residence 8 JURY AT 2 NK? YES 2 NO	art I. 24a. WAS PERI 1 YES Conly one) Other (Specify) Red. DESCRIBE HO	AN AUTOPSY CORMED? 2 X NO	24b. WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	B. DUE TO (OR AS D. DUE TO (OR AS D. DUE TO (OR AS D. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 DOA 28b. TIME INJ.	26. P OTHER: 4 Nursing Hore E OF 28c. IN W M 1	LACE OF DEATH (Check me 5 M Residence 8 JURY AT 2 NK? YES 2 NO	art I. 24a. WAS PERI 1 YES Conly one) Other (Specify) Red. DESCRIBE HO	AN AUTOPSY FORMED? 2 1 NO	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES: 2 NO
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if arry, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 DOA 28b. TIME INJU TY At home, farm, st ocity)	26. P OTHER: 4 Nursing Hor E OF 28c. IN. WY M 1 treet, factory, office	Ing ceuse given in Paragraphic Check St. Ace Of DEATH (Check Book? YES 2 NO Cee 2	art I. 24a. WAS PERI 1 YES conly one) Other (Specify) Red. DESCRIBE HO City or Town, Sh	AN AUTOPSY FORMED? 2 X NO W INJURY OCCU thet and Number or are)	24b. WERE AUTOPSY FINE AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES: 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	BUE TO (OR AS DUE TO	ach lina. A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but not resulting is tpetient 3 □ DOA 29b. Time ind. Wedge, death occurre ion and/or investigation	26. P OTHER: 4 Nursing Hore E OF 28c. IN W W W I treet, factory, officed at the time, date n, in my opinion, or	LACE OF DEATH (Check me 5 M Raeldence 8 JURY AT ORK? YES 2 NO ce 2 e and place, and due to death occured at the tir	art I. 24a. WAS PERI 1 YES Tonly one) Other (Specify) Other (Specify) Other (Specify) Other (Specify) or Town, State of the cause(a) and me, date and place	AN AUTOPSY PORMED? 2 No W INJURY OCCU met and Number or site) manner as stated , and due to the	Interval Bett Oneet and E 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO RED RED RED RED Couse(a) and menner as states and menner and m
E COMPLETED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending investigation 3 Suicide 8 Could not be detarmined 29a. CERTIFIER (Check only One) 2 MEDICAL EXAMIN	BUE TO (OR AS DUE TO (OR AS	ach lina. Council of the consequence of the conseq	26. P OTHER: 4 Nursing Hore E OF 28c. IN. WY 1 treet, factory, officed at the time, date n, in my opinion, officed.	LACE OF DEATH (Checking 5 M Residence 8 JURY AT YES 2 NO Dee 2 Death occurred at the tire 29c. LICENSE NUMBER D17162	art I. 24a. WAS PERI 1 YES Tonly one) Other (Specify) Other (Specify) Pied. DESCRIBE HO City or Town, State the cause(a) and me, date and place.	AN AUTOPSY CORMED? 2 NO W INJURY OCCU Met and Number or are stated, and due to the 29d, DATE 7 / /	Interval Bet Onset and I Onset

	1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH		REG. NO.	_		
	1. DECEDENT'S HAVE FIRST MICHAEL LAND	Catherine	Sor	MAN	nan	2. DATE O	PIDEATH O	10 91	EAR 3. TIME O	45F
	4. SOCIAL SECURITY NUMBER 215-32-6642	5. SEX 8. AG	SE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	/Month	Day, Year)		BIRTHPLACE (Sta Country) Sage N.	-
401	Dullheen M	arutand t	ospital	96 CHT TOWN C	OR LOCATION OF		,		OF DEATH	rbe
DIREC		ce George	Clir		9.					2 K NO
FUNERAL	8401 Schultz Roa	d			. ZIP COOE			USA	OF WHAT COUN	YTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 _ YE IF YES, GIYE WAR OF	ES 2 NO	If yes, sp	ENDENT OF HISP ecity Cuben, Mex 2 NO Spe			or No.— 14.	RACE — Americ Black, White, et Specify: Whi	c.
LETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	DUCATION ide completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of water line. Do NOT use Homemake	ork done during mo retired.)	ON ost of working	100	n Hom	SINESS/INDUST	TRY	
E COMPLET	17. FATHER'S NAME (First, Middle, Last) Edward Worsley		Homemake	:1		NAME (First, Militaria Ma	ddle, Maiden	Surname)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Warren Sonneman	. Jr.		ADDRESS (Street of Schultz						1 160
	20s, METHOD OF DISPOSITION 1 1 Burist 2 Cremation 3 Re 4 Donation 5 Other (Specify)	amoval from Stata	20b. PLACE AND OATE of cemetary, crematory Resurrecti	OF DISPOSITION or other plece)	I (Name	0ATE	20c. LO	CATION - City	or Town, Stata laryland	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	100	Rober	T E. WI	Thelm	Funer	al Hom	e, Inc.	
NOI	23. PART I. Enter the diseases, o shock, pr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	E. Wil		Suitl	ND ADDRESS OF T.E. Wi and Mar ode of dying, s	yland	20746		t, App	proximate arval Betwe
ERTIFICATION	23. PART I. Enter the diseases, of shock, pr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	D. Will or complications that cau		Suitl	and Mar	yland	20746		t, App	proximate arval Betwe
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	programming that cause programming the cause programming to the cause programming to the cause programming to the cause programming the cause programming to the cause programming the cause of the caus	S A CONSEQUENCE OF	Suit1 ot anter the mo	and Mar	yland such as cardi	20746	I AUTOPSY	24b. WERE AUT AMILABIL COMPLET OF DEATH	proximate arval Betweet and De- pet and De- topsy Findin E PRIOR TO ION OF CAUSE
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions is conditionally in the conditions of the conditions in the conditions of the conditions of the conditions in the conditions of	DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE TO (OR A DUE DUE TO (OR A DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	S A CONSEQUENCE OF	Suit1 ot anter the mo	and Mar	In Part I.	20746 ac or reapi	I AUTOPSY	24b. WERE AUT AMILABIL COMPLET OF DEATH	proximate arval Betwee set and December and December and December are arranged by the property of the property
MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the conditions o	DUE TO (OR A DUE T	S A CONSEQUENCE OF S A CONSEQUEN	Suit1 ot anter the mo	and Mar	In Part I.	20746 ac or reapi 24a. WAS AN PERFOT 1 YES 2	I AUTOPSY	24b. WERE AUT AMAILABLI COMPLET OF DEATH	proximate erval Betwe set and De- topsy Finding E PRIOR TO ION OF CAUSE 17
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions are suited in the conditions	DUE TO (OR A DU	S A CONSEQUENCE OF S A CONSEQUEN	Suit1 ot anter the mo	and Mar ode of dying, a g cause given LACE OF DEATH ne 6 Residen JURY AT ORK? YES 2 NO	In Part I. (Check only one lee 6 Other 28d. DESC	20746 ac or reapi 24a. WAS AN PERFOR 1 U YES 2	I AUTOPSY RMED? INJURY OCCUR and Number or	24b. WERE AUT AMAILABLI COMPLET OF DEATH	proximate arval Between and De
ETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the condition	DUE TO (OR A DU	S A CONSEQUENCE OF S A CONSEQUEN	Suit1 ot anter the mo	and Mar ode of dying, a g cause given LACE OF DEATH THE 6 Residen SURY AT ORK? YES 2 NO	(Check only one to the Cause due to the cause	24a. WAS AN PERFOR 1 YES 2	I AUTOPSY RMED? INJURY OCCUP and Number or	24b. WERE AUI AWAILABLI COMPLET 1 YES RED	Proximate and Desire a
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the diseases, o shock, pr heart failur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury thet Initiated events resulting in death) LAST PART II. Other algnificent conditions and the conditions of the condition	DUE TO (OR A DU	S A CONSEQUENCE OF S A CONSEQUEN	Suit1 ot anter the mo	and Mar ode of dying, a g cause given LACE OF DEATH THE 6 Residen SURY AT ORK? YES 2 NO	yland such as cardio	24a. WAS AN PERFOR 1 YES 2	I AUTOPSY RMED?	24b. WERE AUI AWAILABLI COMPLET 1 YES RED	proximate arval Betwee set and Des

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO.	
	1. DECEDENT SINAME (Food Middle, Last)	Elbert	Shal	ICB	2. DATE OF DEATH MONTH DAY	GAN 3. SHIPE OF DEATH PM
	11.20 10.30 10.20 10.10 10.10 10.20 10.20 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10.10 10	LSEX 6. AC	95 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 8, 1896	BIRTHPLACE (State or Foreign Country) Virginia
TOR	SOUTHERN MAT	Uland H	OSQ+al "	TOWN OF LOCATION OF		SOUNTY OF DEATH COUNCES
DIRECTOR	10a. STATE 10b. COUNTY	1	10c. CITY, TO	WN OR LOCATION		10d. INSIDE CITY
		Georges	Suitla			1 TYES 2 NO
FUNERAL	2715 Brooks Drive			20746		U.S.A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	S 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Specify N		14. RACE American Indian, Black, White, etc. Specify: White
윤	15. DECEDENT'S EDUCA (Specify only highest grade of		18e. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUSINESS	INDUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Driver	(red.)	D.C. Trans	it Co.
္ပ်ဴ	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle, Malden Surnam	10)
BE	Frank Shaver				sie unobtaina	
ဥ	19a, INFORMANT'S NAME (Type/Print)		1 1-2 3.5 5.5 5.5		of Route Number, City or Town, State	
	Mr. Urban Peters		206. PLACE AND DATE OF			oro. MD. 20772
	1 Burial 2 Cremetion 3 Remov		of cemetary, crematory or of Ft. Lincoln	ther place)		rood. MD.
1	ZT. SIGNATURE OF FUNERAL SERVICE LICE		re. Bincoin	22. NAME AND ADDRESS OF I	FACILITY	
	Dryo 1	Yella	-	Robert E. Wil	helm.Inc. Suit	8 Suitland Rd. tland. MD. 20746
2	IMMEDIATE CAUSE (Final disease or condition resulting in death)		Rive Cos A CONSEQUENCE OF):	New		Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	De	S A CONSEQUENCE OF):	1 Con 551		
ור כ	PART II. Other algnificent conditions	contributing to deat	h but not resulting in t	ne underlying cause given i	n Part I. 24s. WAS AN AUTOF	
MEDICAL					PERFORMED? 1 YES 2 NO	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (Check only one)	
SIC		HOSPITAL:		THER: ☐ Nursing Home 5 ☐ Residence	e a 🗆 Other (Specify)	
BY PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Yes		28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc. (URY — At home, farm, stree Specify)	t, factory, office	28f. LOCATION (Street and Nur City or Town, State)	mber or Rural Route Number,
COMPLETED	(Direction of the parties of the par				ue to the cause(a) and manner as the time, data and place, and dua	s stated. to the cause(a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER		(end)	29c. LICENSE N	UMBER 29d.	DATE SIGNED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO ABUL HASAN L	COMPLETED CAUSE OF	DEATH (ITEM 27) (Sype, Pric	" 8926 Clinta	axolga	10 18 K 414
	JUL 0 5 91	32. REGISTRAR'S S	gnature Randella			733

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning metide within 72 hours after death with the State Dept. of Health and Mental Hydrene prior to burial, cremation, or removal. INPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND 21215-002	ter death. Page 6 may be retained by the hospital or attending phys	the funeral director, page 5 should be detached for use as the buri- oval.	al examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, at the Hospital OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 in the FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the		ours a	d in by	medic
B B # 2	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 h	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, u	PORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the r

STATE OF	MARYLAND /	DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEA	HTA		REG. NO.

1 - FOR STATE REGISTRAR	5	STATE OF MAR		RTMENT OF		MENTAL HYGIENE REG. NO.		13702
1. DECEDENT'S NAME	arry	David	Sh.	ipp		2. DATE OF DEATH MONTH DAY	9/YEAR	3. TIME OF DEATH M
4. SOCIAL SECURITY 212-68-5	478	1-X M 2 - F	34 YRS.	MONTHS DAYS		7. SATE OF BIRTN (Month, Day, Year) Dec.14, 1956	Countr	ington, D.C
	eorge's	Hospital Ce		Chever	1у			eorge's
Prince Green Fresidence of 100. STATE Maryland 100. STREET AND NO 9202 Rol 11. MARITAL STATUS PLX Never Martied		r ce George's		anham				10d. INSIDE CITY LIMITS? 1 XXES 2 NO
9202 Ro1	ling Vie				20706		U.S.A	
11. MARITAL STATUS 12. Never Married 3 Widowed 4 [2 Merried	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	If yes,	ECENDENT OF NISPAP specify Cuben, Mexica ES 2 X NO Specifi		Spec	E — American Indian, k, White, etc. #y: 11te
	IS. DECEDENT'S ED city only highest grad adary (0-12)		(Give kind o	's usual occupa of work done during use retired.)	most of working	Self Emp		
17. FATHER'S NAME	(First, Middle, Lest) enry Shi	nn				ME (First, Middle, Malden Surna	ime)	
James H 190. INFORMANT'S N Katherin	AME (Type/Print) e Shipp	ур	9202	Rolling	view Dr.,	Route Number, City or Town, Sta Lanham, Mary		
SG Burlel 2 C C 4 Donation 5 C	Other (Specify)		20b. PLACE ANO DA of cemetary, cremato shing to	n Nation 22. NAME Rend	al Cem 7- AND ADDRESS OF FA On-Hale I	-6-91 Suit1	and,Ma	ryland
Sequentially list if any, leading to cause. Enter UNI CAUSE (Disease that initiated eve	conditions, immediate DERLYING or Injury nts	DUE TO (OR	on each line.	OF:		th se cardisc or reepiretor		Approximata Interval Between Onset and Dasth
PART II. Other al		ons contributing to dec	eth but not resultin	g in the underly	ing ceuse given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2 PT	17	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFE EXAMINER? 1. Ves 2 27. MANNER OF DEA		HOSPHAL:	I/Outpatient 3 □ DOA	OTHER:	PLACE OF DEATH (C)			
2 Accident		26e. DATE OF INJ (Month, Day, 1) (-29	URY 286. 1 -9/2/	TIME OF 28c.	INJURY AT WORK? YES 2 NO	28d. DESCRIBE NOW INJUF Motor and algebra 28f. LOCATION (Street and No. City of Roym, State)	oche	ealdmine Route Number, M.
3 Suicide 4 Nomicide 29e. CERTIFIER (Check only one) 2		SICIAN: To the best of my				e to the cause(e) and menner a time, date end place, end du		(e) end menner as stated.
296 SIGNATURE AN	O TITLE OF CERTIF	Julyus	W		DI JI	30 294	d. DATE SIGNE	D (Month, Day, Year)
Myust	D POC	VHO COMPLETED CAUSES 32. REGISTRAR'S	SIGNATURE	5009/	Lay DW	mck.Cpc	Spv. ,	New 20748
JUL () 5	91	Julia Davidson	-Rando 22				3	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	0
	1

	1. DECEDENT'S NAME (First, Middle, Las						DATE OF DEATH		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthdey)	IF UNDER 1 YE	EAR IF UNDER 24	me 7.1	DATE OF BIRTH 7/		RTHPLACE (State or Foreign
	577-22-9822	1 FM 2 F 75	YRS.	7 .			(Month, Day, Yoar)	Co	untry)
	9a. FACILITY NAME (If not institution, give		17	SP CITY TO	WN OR LOCATION	OE OEATH	7-24-1	9c. COUNTY O	rfolk, Va.
œ.	SUBURBAN HOSH				ESDA, M.				
8	RESIDENCE OF DECEDENT	717)		DETA	esun , III.	υ.		HOIL	gomery
RECTOR	10a. STATE 10b. COUN	ITY	10c. CIT	TY, TOWN OR L	OCATION			115745	10d. INSIDE CITY LIMITS?
ā	Maryland	Montgomery	В	ethesda					1 X YES 2 NO
3AL	10e. STREET AND NUMBER				10f. ZIP CODE			1 - 1 - 1 - 1 - 1 - 1	OF WHAT COUNTRY?
NER	5606 Ontario			-	20816			U.S	
BY FUN	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YES, GIVE WAR OF	ES 2 NO	If yo	S DECENOENT OF P s, specify Cuben, I YES 2 NO	fexican, Pu	RIGIN? (Specify Yes Jerto Ricen, etc.)		ACE — American Indian, Hack, White, atc. Specify: White
ED	15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF BUS	INESS/INDUSTR	
	(Specify only highest gra	College (1-4 or 5+)	life. Do NOT u	work done during the retired.)	ng most of working				
AP.		5	Lawyer				Private	e Pract	ice
COMPLET	17. FATHER'S NAME (First, Middle, Last)					The state of the s	First, Middle, Maiden		
BE (Hilleary S	Saunders			Mar	then	a Willian	ns	
10	19a. INFORMANT'S NAME (Type/Print)	100				Rural Route	Number, City or Town	n, State, Zip Code)
	Birney Saunders			as #10		,			
	20a. METHOD OF DISPOSITION 1 □ Burial 2 🂢 Cremation 3 □ Re		20b, PLACE AND DAT of cemetary, cremator	y or other place	2)			CATION — City of	
	4 Donation 5 Other (Specify)		etropolita				28-91 Ale		
	21. SIGNATURE OF PURERAL SERVICE	00011			ME AND ADDRESS		De AOT 1		
	mest	WO001		2222	2 Wisc.	Ave.	, N.W., V	Wash. D	.C.
	23. PART I Enter the diseases, o	or complications that cou	sed the death. Do	not enter the	mode of dying	, such sa	cardiec or respi	ratory srrest,	Approximate Interval Bets
CATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. HYPE yelle TO (OR A HEPA pute TO (OR A	NOSNUL IS A CONSEQUENCE OF	PAIL	LURE	VKE	TONCO	Cons.	I Mor
CERTIFICAT	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a DIA TO 1991	A CONSEQUENCE OF	THE	HOS []	TY	PET	AYJE WSa	1 84 K
AN: MEDICAL	RENAL F ALLOHOL	LSM CH PAILURE WOODEA	0.3000000000000000000000000000000000000				PERFOR	MED?	24b, WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Annual Control	OTHER:	26. PLACE OF DEA		-		
₹	1 YES 2 BO NO	26e. DATE OF INJU	Outpatient 3 DOA		c. INJURY AT			N HIEV OCCUBE	0
РНУ	Natural 5 Pending	(Month, Day, Ye		JURY	WORK?		d. OEȘCRIBE HOW I	NJUHY OCCURE	0
BY	2 Accident Investigation	28a PLACE OF INJ	URY — At home, farm,			_	f. LOCATION (Street	and Number or B	and Shutte Marcher
ED	3 Suicide 6 Could not 8	building, etc. (Specify)	, 611001, 1801019,	, 011100		City or Town, State)		ser route runnes,
COMPLET	enel .	YSICIAN: To the best of my k							
00	2 MEDICAL EXAM	INER: On the basis of axamin	ation and/or investigat	топ, ит my opin				100	
TO BE	See of the And Title of Pett	MI	W		MD.	- D2	4994	> 0 29d. DAY	28 9 1
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATN (ITEM 27) (Ty	7/ K	LENICA	, G	DA.	Pork	MILLEM
	31. DATE FILED (Month, Day, Year) JUL 2 91	017021	V	11/0	COLO		FAIL	THE	-VILL/1V

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	1. DECEDENT'S NAME (First, Mi				CERTIF					REG. NO		YEAR	3. TIME OF DEATI
	DONALD	ANT	HONY .	SAT	ERBA	K			MONT	2	6 9	1	8:08
	4. SOCIAL SECURITY NUMBER 361-10-9187		5. SEX	6. AGE ((In yrs. last birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH		Countr	IPLACE (State or For Y) INOIS
	9a. FACILITY NAME (If not institu				/ YRS.	Oh CITY	TOWAL O	R LOCATION OF D		1.4,19.	9c. COUNT		
Œ	HOLY CROSS H							SPRING	EAIN		MONT		
6	RESIDENCE OF DECE		INL								MONT	GOPL	EKI
DIRECTOR		Db. COUNTY		.,		TY, TOWN O							10d. INSIDE CITY LIMITS?
	MARYLAND 100, STREET AND NUMBER	M	ONTGOMER	ĭ	SI	LVER	_	ZIP CODE			T 10a CITIZE	EN OF Y	1 YES 2 1
FUNERAL	1234 NOYES D	RIVE						20910				USA	
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER I	N U.S. ARMED			ENDENT OF HISPA				4. RACE	E — American India
BY F	1 Never Married 2 Ma 3 Widowed 4 Divorce		FORCES? 1	MAR OR D	2 LINO			2 NO Speci		Rican, etc.)	100	Speci	tty:
ED B		ENT'S EDUC	CATION:	11	16a. DECEDENT'S	I IIIII OC	CHIPATIO	NA .	146	A KIND OF BI	ISINESS/INDU		HITE
ETE	(Specify only hi	ighest grade		4)	(Give kind of	work done d	during mos	at of working	"	a. Kind or bu	SINESS/INDO	31111	
IP.	12	"	College (1-4 of 5	*,	MANAGEM	ENT A	NAL	YST	S	OCIAL	SECUR	ITY	ADMIN.
COMPL	17. FATHER'S NAME (First, Midd.							18. MOTHER'S N.	AME (First,	Middle, Malder	n Surname)		
BE (ANTON SATE									TH BAUN			
5	190. INFORMANT'S NAME (Type DOLORES MAR		(SIST)	/ ממ	TRAVI			nd Number or Rural					757//
	20a, METHOD OF DISPOSITION		(2121)		b. PLACE AND DAT				LCKSC		E, TEX		
	1 Buriel 2 Cremation 4 Donation 6 Other (Sc	3 N Ram	oval from State	of	cemetary, cremator OREST PA	y or other pl	lace)				JSTON.		
	21. SIGNATURE OF FUHERAL S		ENPRE 1	11.	OREDET ITS	22.1	NAME AN	D ADDRESS OF F	ACILITY				
	- (TAUNAAA	17/1	(all					IS J. CC					
	shock, or hee	rt fallers.	List only one can	va on e	d the death. Do each line,	not enter	the mo-		ch as ca	rdiac or res			Approxima
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		JUIT 10	ATE OF DEA	ın	REG. NO.		
1, DECEDENT'S NAME (First, Middle, Last)					ATE OF DEATH		3. TIME OF DEATH
Bessie May STE		5-10-8-7-9-1-1-1 m	UNDER 1 YEAR IF UNDER		06 2 ATE OF BIRTH	5 199	9:00P BIRTHPLACE (State or Foreign
160-34-2607	1 □ M 2 💢 F 73	YRS.	NTHS DAYS HOURS	MIN. DE	Jonth Day Year)	1917 P	ENNSYLVANIA
90. FACILITY NAME (If not institution, give stre DOCTORS HOSPITA RESIDENCE OF DECEDENT		91	LANHAM	ION OF DEATH		PRINC	CE GEORGES
10e. STATE 10b. COUNTY	CE GEORGES	1000	OWN OR LOCATION DOVER HILL	S			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 7117 WEBSTER STR	EET		101. ZIP COD 20	784			N OF WHAT COUNTRY? JSA
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S., FORCES? 1 YES 24 IF YES, GIVE WAR OR DATES	ARMED	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Mexican, Pue		or No — 14	I. RACE — American Indian, Black, White, atc. Specify: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 8 +)			ing	16b. KIND OF BU	SINESS/INDUS	зтяу
17. FATHER'S NAME (First, Middle, Last) RICHARD	WALMSLEY			HER'S NAME (FI	irat, Middle, Melden TH	Surname)	
190. INFORMANT'S NAME (Type/Print) KENNETH C. STENGE			BRUNSWICK A				MARYLAND 20895
20e, METHOD OF DISPOSITION 1			F DISPOSITION (Name other place)				ry or Town, State E, MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE			FRANC'I SDOT	SS OF FACILITY	INS FUNE	RAL HO	OME INC
- 1	merchan - In		500 UNIVE	RSITY			
23. PART I. Enter the disease, or conshock, or heart fallow. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	emplications that couled the list only one cause on each i	ine.	1	ying, such ss	BLVD., W	., SII	L. SP., MD 209
shock, or heart fallure. Li IMMEDIATE CAUSE (Final disease or condition	emplications that could the list only one cause on each i	SEQUENCE OF	1	ying, such ss	BLVD., W	., SII	t, Approximate Interval Between
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)

JUL 1 91

DHMH-16 Rev 1/89

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020	physician.	d be detached for use as the burlal-transit permit.	
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212	pital or	an for us	
ANI	the hos	detache	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MAR DIVISION OF VITAL RECORDS, P.O. BOX 68760,

CERTIFICATE OF DEATH REG. NO.	STATE	0F	MARYLAND	/ DEPAI	RTMENT	OF I	HEALTH	AND	MENTAL	HYGIENE
				CERTIF	FICATE	OF	DEAT	TH		REG. NO.

4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 4. 55-92-0284 9a. FACILITY NAME (II not institution, give street and number of the second of	P 42	STILLWI In yrs. last birthday YRS. 10c. C	SILVE	DAYS HOURS MIN. TOWN OR LOCATION OF LVER SPRING 101. ZIP CODE 104. ZIP CODE 20 WAS DECENDENT OF HIST 1 Yes, specify Cuben, Mexing Yes, Specify Cuben, M	7. OATE (Mont) JUN OEATH	OF BIRTH h, Day, Year) E 12, 194 9c.	9 MT COUNTY OF MONT G. CITIZEN O	RTHPLACE (State or Foreign unitry) SSOURI
455-92-0284 9a. FACILITY NAME (If not institution, give street and nur 1611 DENNIS AVENUE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND MONTGOM 10a. STREET AND NUMBER 1611 DENNIS AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (ERY DECEDENT EVER II ES? 1 YES, GIVE WAR OR D.	10c. C	SILVE	DAYS HOURS MIN. TOWN OR LOCATION OF LVER SPRING 101. ZIP CODE 104. ZIP CODE 20 WAS DECENDENT OF HIST 1 Yes, specify Cuben, Mexit III Yes, specify Cuben	G 902 PANIC ORIGIN loon, Puerto	h, Day, Year) E 12,194 9c.	9 MI . COUNTY OF	SOURI F DEATH GOMERY 10d. INSIDE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY? USA ACE — American Indian.
1611 DENNIS AVENUE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY MARYLAND 10e. STREET AND NUMBER 1611 DENNIS AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (17. FATHER'S NAME (First, Middle, Last)	ERY DECEDENT EVER II ES? 1 YES B, GIVE WAR OR D.	N U.S. ARMEO 2 NO ATES 16e. DECEDENT	SILVE	LVER SPRING ER SPRING 101. ZIP CODE 20 WAS DECEMDENT OF HISI If yes, specify Cuben, Mexi I YES 2X NO Specific Cuben, Mexicology YES 2X NO Specific Cuben, Mexicology 1 YES 2X NO Specific Cuben, Mexicol	G 902 PANIC ORIGII	10 ₁	MONT g. CITIZEN O	GOMERY 10d. INSIGE CITY LIMITS? 1 YES 2 NO F WHAT COUNTRY? USA ACE — American Indian.
10e. STATE MARYLAND 10e. STREET AND NUMBER 1611 DENNIS AVENUE 11. MARITAL STATUS 1 Never Married 2 Numeried 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (17. FATHER'S NAME (First, Middle, Last)	DECEDENT EVER IF ES? 1 TYPE B, GIVE WAR OR D, (1-4 or 5+)	N U.S. ARMEO 2 NO ATES 16e. DECEDENT	SILVE	ER SPRING 101. ZIP CODE 20 WAS DECEMBENT OF HISH If yes, specify Cuben, Mexi	PANIC ORIGIF	N? (Specify Yes or N	10- 14. R. B	LIMITS? 1 YES 2 NO F WHAT COUNTRY? USA ACE — American Indian.
10e. STREET AND NUMBER 1611 DENNIS AVENUE 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (17. FATHER'S NAME (First, Middle, Last)	DECEDENT EVER IF ES? 1 TYPE B, GIVE WAR OR D, (1-4 or 5+)	2 NO ATES 160, DECEDENT	13. Y	101. ZIP CODE 20 WAS DECENDENT OF HISI If yes, specify Cuben, Mex I YES 2X NO Spe	PANIC ORIGIF	N? (Specify Yes or N	10- 14. R. B	USA ACE — American Indian.
11. MARITAL STATUS 1 Never Married 2 Married IF YES 3 Wildowed 4 Divorced IF YES 15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (17. FATHER'S NAME (First, Middle, Last)	ES? 1 TYES 3, GIVE WAR OR DO	2 NO ATES 160, DECEDENT	r'S USUAL O	WAS DECENDENT OF HISI If yes, specify Cuben, Mex I YES 2 NO Spe	PANIC ORIGIF		14. R.	ACE — American Indian.
(Specify only highest grade completed) Elementary/Secondary (0-12) College (17. FATHER'S NAME (First, Middle, Last)		(Give kind						white
17. FATHER'S NAME (First, Middle, Last)	4.	COMMEDO	use retired.)	CCUPATION during most of working RBORIST	168	. KIND OF BUSINES	SS/INDUSTR	Y
**********		COMMERC	INL N		NAME (First,	Middle, Maiden Sum	eme)	
HAROLD Y. STILLWELL						PALMER		
19a. INFORMANT'S NAME (Type/Print)	/117 DD)	100000000000000000000000000000000000000		(Street end Number or Ru				
ELAINE O. STILLWELL 200. METHOD OF DISPOSITION	(WIFE)	b. PLACE AND D		AVENUE S	ILVER			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Shot		f ch	45			Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A							
PART II. Other significent conditions contribu	uting to death t	but not reaultin	ng in the ur	nderlying cause given	in Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	07	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH	(Check only o	nne)		
EXAMINER? 1 YES 2 NO 1 Input	TAL: tlent 2 - ER/Out	patient 3 🗆 DO/	OTHE	R: raing Home 8 Residen	ce 8 🗆 Oth	er (Specify)		
	OATE OF INJURY (Month, Day, Year)	28b,	TIME OF INJURY	28c. INJURY AT WORK?	28d. OE	SCRIBE HOW INJU	RY OCCURE	D
2 Accident Investigation	PLACE OF INJUR building, etc. (Spe	Y — At home, fan	m, street, fac			CATION (Street and it y or Town, State)	Number or Ru	iral Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the I								(Se(s) and menner se state
29b. SIGNATURE AND TITLE OF CERTIFIER				29c, LICENSE			d. DATE SIG	NED (Month, Day, Year)
Don O'con	2-	~~	>	700	123	6	6-2	8-91
30. NAME AND ADDRESS OF PERSON WHO COMPLE TO LO STATE FILED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year)	REGISTHAR'S SIGN	32/8	ce 2	SCONSI	NA	ve i	BETT	redo

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TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR		U	EKITFIC	AIE UF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)	Anne	Smith	Shobe	n		BROATTA	e 26,	1991	EAR	:20 P M
The less than the same of the	5. SEX	6. AGE (In yrs. la		ONTHS DAYS	IF UNDER 24 HRS.		OF BIRTH , Day, Year)		BIRTHPLA	CE (State or Foreign
138-36-8556	1 M 2 X F	74	YRS.	ONTHS DAYS	HOURS MIN.	Dec.		916 Ne		ka
es. FACILITY NAME (If not institution, give stre	et and number)			L CITY, TOWN	OR LOCATION OF			9c. COUNTY	OF OEATH	
Collington Episcopal Li	ife Care C	ommunity		Mitche	ellville			Princ	e Ge	orge's
10e. STATE 10b. COUNTY				TOWN OR LOCA					10d	. INSIDE CITY LIMITS?
Maryland Prince	George	s	Mit	chellv	ille				1 [YES 2 NO
0e. STREET AND NUMBER				1	01. ZIP CODE			10g. CITIZEI	N OF WHAT	COUNTRY?
10450 Lottsford Ro	oad				2	0721		Unite	ed St	ates
II. MARITAL STATUS I Never Married 2 Married B Wildowed 4 X Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X		If yes, s	CENDENT OF HISP pecify Cuben, Mexi- S 2 X NO Spec	can, Puerto F		or No- 14	Specify:	American Indian, hite, atc.
15. DECEDENT'S EDUCA	TION	100 D	ECEDENTIS III	BUAL OCCUPAT		1465	KIND OF BUILD	1500 (110110	Whit	e
(Specify only highest grade of		104. 0	Give kind of wo	rk done during n retired.)	toet of working	160.	KIND OF BUSI	NESS/INDUS	THY	
Elementary/Secondary (0-12)	College_(1-4 or 5+)	Teache:			1	Public	Sahaa	ol c	
			eache.	r.	- NAME OF THE OWNER.				172	
7. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N			umame)		
Nathan Raymond Sm	ith					Danie				
19e. INFORMANT'S NAME (Type/Print)					and Number or Rure					
Edward J. Shoben					le Lane,			6187		
20a. METHOD OF DISPOSITION 1	ral from State	SUDUI	of pisposit Cban C:	remato			Silv			, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	7		22. NAME	Funeral	FACILITY	ione I) A		
· Eilen 7	J. K	app			Gist Ave				ng, M	D 20910
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSI	EOUENCE OF):	white	· Mu	ru .				2 month
PART II. Other significant conditions		MYO	resulting in	the underlyi	ng cause given i	in Part I.	24a. WAS AN A PERFORE 1 YES 2	MED?	CO	RE AUTOPSY FINDINGS NLABLE PRIOR TO MPLETION OF CAUSE DEATH?
moderately s	revire	ourse	100						1[YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					PLACE OF DEATH (
	HOSPITAL: 1 ☐ Inpatient 2 ☐	ER/Outpatient	3 DOA	OTHER:	me 5 🗆 Residenc	e 6 🗆 Othe	r (Specify)			
27. MANNER OF DEATH 1 🔀 Natural 5 🗌 Pending	28a. DATE OF (Month, D	INJURY	28b. TIME INJU	OF 28c. II	NJURY AT YORK?		CRIBE HOW IN	JURY OCCU	RED	
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At I atc. (Specify)	nome, farm, str	reet, factory, of	lice		CATION (Street as or Town, State)	nd Number or	Rural Route	Number,
Rea. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC 2 MEDICAL EXAMINER 10b. SIGNATURE AND TITLE OF CERTIFIER	On the basis of a	camination and/o	r Investigation	, in my opinion	death occured at t	he time, date		29d. DATE S	cause(s) an	onth, Day, Year)
Market.		Hendip			120	2	W	Ju	ne 27	7, 1991
Don H. Yablonowit	1				Road, #3	101, 9	Seabroo	ok, MD	207	06
31. DATE FILED (Month, Day, Year)	32. REGISTRA	AUTO SIGNATURE	Pandell							

	1 - STATE REGISTRAR	STATE OF MARYLA		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.		1 1570
	1. DECEDENT'S NAME (First, Middle, Lest) EVA F.	SHEA			2. DATE OF DEATH MONTH June 27,	1991	3. TIME OF DEATH 4: AM M
-	4. SOCIAL SECURITY NUMBER 578-05-3582 9a. FACILITY NAME (If not institution, give in the content of the conte	1 M 2 XF 89	YRS. MONTH	ER 1 YEAR F UNDER 24 HRS. B DAYS HOURS MIN. TY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 7 20 1	Count	irginia
DIRECTOR	Colonial Vil	la Nursing Ho	me 10c, CITY, TOW	Silver Spi	ring	Montg	Omery
		ontgomery		Silver Spring	3	10- CITIZEN OF	LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	213 Farmgate			20905		USA	
ВУ	1 Never Married 2 Married 3 XXWIdowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XNO	3. WAS DECENDENT OF HISP, If yee, specify Cuben, Mexic 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Spec	E — American Indian, ck, White, etc. chy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 1 2	College (1-4 or 5+)	Ife. Do NOT use retired	ne during most of working (.)	Ernest		Accountants
COMP	17. FATHER'S NAME (First, Middle, Leet) Stuart H.D. Free	2 years	Office M	16. MOTHER'S N	AME (First, Middle, Maiden S	urname)	Accountants
TO BE	190. INFORMANT'S NAME (Type/Print) Earl Wysong	1	100-00-00-00-00-00-00-00-00-00-00-00-00-	SS (Street and Number or Runs	STATE OF STREET	State, Zip Code)	
	20a. METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from thata	DI ACE OF DISPOSITION	Name of comotors, crometors of Chapel Ceme	1 200 100	ATTION CON T	Sauce State
	21. SIGNATURE OF PANERAL SERVICE OF	Kinalli		A. IVAME AUTO ADDITESS OF	di Funeral	Home	Spr. Md. 209
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heer feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A					Approximata interval Between Onset and Death 8 Must
MEDICAL	PART II. Other significant condition	a contributing to death bu	it not resulting in the	underlying cause given i	n Part I. 24s. WAS AN A PERFORM	MED?	b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inputiont 2 ER/Output	other 3 DOA 4 554	26. PLACE OF DEATH (I			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, street, f	actory, office	281. LOCATION (Street ar City or Town, State)	nd Number or Rurel	Route Number,
COMPLETED	one) -	SICIAN: To the best of my knowle ER: On the basis of axamination					(s) and manner as stated.
TO BE	296/SIGNATURE IND TITLE OF CERTIFIE SO. NAME AND ADDRESS OF PERSON WI	tack 1	ATH (ITEM 27) (Typa, Print)	29c LICENSE N	121	≥ 6-2	D (Month, Day, Year) 27-9/
	G. Sengstack, N	D 3929 Fe1	rrara Drive	, Wheaton, M	aryland	2.73	
	JUL 1_'91	Az AEGISTRATE SIGNI FILMA DAMACOA	Handell			21	

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 months. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (Fir	st, Middle, Last)		Ol-						2. DATE OF I	DM	W 100	YEAR	3. TIME OF DE	
4. SOCIAL SECURITY NUM	IAFD	Maria S.	Snap1		IF UNDER	A VEAR	IF UNDE	n na Limb	June		199		8:00 F	
214-48-882	5	1 🗆 M 2 💢 F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	June .	v Manri	1925	AUS	stria	roreign
9a. FACILITY NAME (If not		Action Control					OR LOCATI	ION OF D	EATH		-0.00	NTY OF D		
10727 Glox		rive			Roc	ckvi	lle				Mor	ntgon	nery	
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION		340				10d. INSIDE C	aTY
Maryland	Mont	gomery		R	ockv.	ille							LIMITS?	Xno
10e. STREET AND NUMBE						101	. ZIP COD	_			10g. CIT	ZEN OF	WHAT COUNTRY	77
10727 Glox	inia Dı							20	852		Uni	ted	States	
11. MARITAL STATUS 1 Never Merried 2 3 3 Wildowed 4 Dr		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2X	ARMED		If yes, sp		an, Mexico	NIC ORIGIN? (S an, Puerto Rica ý:		or No	Spec	E — American li k, White, etc. lly: hite	ndlen,
	CEDENT'S EDU		16a.	DECEDENT'S	USUAL C	CCUPATIO	ON at of work	ina	16b. KIN	D OF BUS	BINESS/IN	DUSTRY		
Elementary/Secondary		College (1-4 or 5+)	1	(Give kind of Me. Do NOT u ranchi					7-3	L1 St	core			
17. FATHER'S NAME (First,		100							AME (First, Midd		Surname)			
Berthold :		hart					Ar	nna l	Wallaso	chek				
19a. INFORMANT'S NAME			100						Route Number, (
Anatole M.		ro	_		_				Rockv	_				
20a. METHOD OF DISPOS 1 Burial 2 Cremat	ion 3 🗆 Rem	oval from State	other	CE OF DISPO				matory or			CATION —		The same of the sa	
4 Donation 5 Oth			Sub	urban			TY ND ADORE			Sil	ver	Spri	ng, Mar	ryla
21, SIGNATURE OF PUNES	AL SERVICE LI	CENSEE D							Servi	ces.	P. A			
- Cill	enx	1. 1ay	PP										_MD 20	910
Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediate YING jury	DUE TO	OR AS A CON	SEQUENCE O									2 4	EARS
PART II. Other significations of the significance of the significa		ne contributing to	death but no	ot resulting	in the u				1	a. WAS AN PERFOI		241	b. WERE AUTOPS AMILABLE PRI COMPLETION (OF DEATH? 1 YES 2	IOR TO DF CAUSE
EXAMINER?	TO MEDICAL	HOSPITAL:	1		OTHE	R:			heck only one)					
1 YES 2 NO		1 inpatient 2 26a, DATE OF		286. TI	1		JURY AT	lesidence	6 Other (S)	-	INJURY O	CURED		
	Pending investigation	(Month, D	sy, Year)	IN	JURY M	W	YES 2	□ NO						
2 Accident 3 Suicide 6 (4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At etc. (Specify)	home, farm,	street, fac	ctory, offic	De .			ON (Street own, State)		r or Rural	Route Number,	
anal /	CAL EXAMIN	HCIAN: To the best of ER: On the basis of at					29c. LK	ured at th	e time, date and		nd due to t	he cause	D (Month, Day, Ye	bar)
30. NAME AND ADDRESS	CLX V	THE COURT STATE OF	YMY	IVII	. 64 -		I D	360	5U			June	28, 1	991
Paul V. Wo	oolley,	M.D.	1800) Rese	rvoi	r Ro	pad,	NW	Washir	ngtor	n, DC	20	0007	
31. DATE FILED (Month, De	nr. Year)	12 DECISTRA	DIO GLOSIATION											
nn 1	'91	1.0. K	B'S SIGNATUR	Brands 00										

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mounts after death. Page 6 may be retained by the hospital or attending physicial	124 mours after death. Page 6 may be retained by the hospital or attending physicis
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Deot, of Health and Mental Hygiene prior to burial, cremation, or removal.	y filled in by the funeral director, page 5 should be detached for use as the burial-tation, or removal.
IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	the medical examiner must be notified at once.

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STATE OF MARYLAND / DEPARTMENT OF H	EALTH AND MENTAL	HYGIENE
CERTIFICATE OF	DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLANI) / DEPARTMENT CERTIFICATE	OF HEALTH AND I	WENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle-Lest)	verstein			2. DATE DF DEATH	9/ YEA	3. TIME OF DEATH M
	The second secon	SEX 8. AGE (In yrs	VRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		RTHPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give atreet Shady Grove Advented to the state of the sta	entist Hosp	ital Ro	TOWN OR LOCATION OF DE		Mont	of oeath
DIRECTOR	100. STATE 106. COUNTY Maryland Montgo	merv	10c. CITY, TOWN C				10d. INSIDE CITY LIMITS?
- 1	10a. STREET AND NUMBER	and Ly		101. ZIP CODE		10g. CITIZEN C	1 YES 2 NO
FUNERAL	6060 California Cir			20852			i States
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	P. WAS DECEDENT EVER IN U.S FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO	WAS DECENDENT OF HISPAN If yea, specify Cuben, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)		ACE — American Indian, Hack, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		DECEDENT'S USUAL O (Give kind of work done life. Do NOT use retired.)		16b. KIND OF BUS	INESS/INDUSTR	Υ
MPL	12	S	alesman	Table and the		ail	
BE CO	17. FATNER'S NAME (First, Middle, Lest) Samuel Silverstein			Anne S			
10	Robert Silverstein	(son)	196. MAILING ADDRES 17320 Mac	S (Street and Number or Rural Duff Ave., (Poute Number, City or Town Olney, Mary	land 20	0832
	20a. METHOD OF DISPOSITION 1	from State oth	ACE OF DISPOSITION (Mer place) Israel Ce	metery		cation — city o lbridge	, New Jersey
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. Da	name and address of fa nzansky-Gold	cury lberg Memor	ial Ch	apels, Inc.
	23. PART I. Enter the diseases, pr con	Afr	2	70 Rockville	Pike, Roc	kville	
	ahock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a		tine.	mas Cell C			Interval Between Onset and Danth
ATION	Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CO	NSEQUENCE OF):				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	NSEQUENCE OF):				
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of Delay dans	ken	not resulting in the u	nderlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
N.	17						
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:	OTHE A DOA				
НХ	1 YES 2 NO 1	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	zsing Nome 5 Residence 28c. INJURY AT WORK?	28d. DESCRIBE HOW I	NJURY OCCURE	ED .
ВУР	1 Natural 5 Pending 2 Accident Investigation		М	1 YES 2 NO			
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, fe	ctory, office	28f. LOCATION (Street of City or Town, State)		ural Route Number,
COMPLETED	(Crisck orny	N: To the best of my knowledg					use(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIER	1	0,	, 29c. LICENSE NU	MBER	29d. DATE SIG	GNED (Month, Day, Year)
TO BE	X	1 / KE	even M. Gil	D351	92	> 25	- Jun 91
F	30. NAME AND ADDRESS OF PERSON WHO	COM LETEO CAUSE DE DEATH	(ITEM 27) (Type, Print)	eilly, M.	D 20178	}	
	31. DATE FILED (Month, Day, Year)	REGISTBAR'S SIGNATU		7,			

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, P.O. BOX 68760,	eath certificate be executed within 24 no	attending physician and completely filled
3S, P.O. BOX 68760,	he death certificate be executed within 24 no	the attending physician and completely filled
RDS, P.O. BOX 68760,	hat the death certificate be executed within 24 no	I by the attending physician and completely filled
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L RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 24 no	s been signed by the attending physician and completely filled
TAL RECORDS, P.O. BOX 68760,	The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physic	the has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial page 2 should be detached for use as the burial page 2 should be detached for use as the burial

- 1	REGISTRAR			CERTIF	ICATE OF	DEATH	1	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, L	LOLA	K.		ST	EVENS	2. DATE O	VE 25	1991	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER 213-12-1735	5. SEX	6. AGE (In yrs. 79	iest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		e supri	HPLACE (State or For
OR	99. FACILITY NAME (If not institution, give street and number) PENINSULA GENERAL HOSPITAL					OR LOCATION OF D	DEATH	9.	C. COUNTY OF C	DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. CO. MARYLAND				Y, TOWN OR LOCAL SALISBU					10d. INSIDE CITY LIMITS?
I	100. STREET AND NUMBER 1311 MIDDLENECT	K DRIVE, #1	———— H			of. ZIP CODE 21801		10	og. CITIZEN OF USA	1 YES 2 WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		NT EVER IN U.S. I YES 24 MAR OR DATES	™ NO	If yea, s	CENDENT OF HISPA pecity Cuban, Mexic S 2 NO Spec	an, Puerto Ri		No— 14. RAC Blac Spec	E — American Indi ck, White, etc. city: WHITE
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Coflege (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)			VERNMEN			
ш	17. FATHER'S NAME (First, Middle, Last) CHARLES H. WALLICH				16. MOTHER'S NAME (First, Middle, Melden Surn ELLIE MAY HA				ARDING	
TO B	190. INFORMANT'S NAME (Type/Print) RICHARD R. STET		AND)			end Number or Rure ECK DRIV				IARYLAND
	20e, METHOD OF DISPOSITION 1	Removal from State			E OF DISPOSITIO	N (Name CEMETERY	DATE		TION - City or T	own, State
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	0		TRATE	JNIVERSI		FUNERA	AL HOME	, INC.
IFICATION	Sequentially list conditions, if any, teeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO	O (OR AS A CON	NSEQUENCE O	eles	ery	Vec.	lu	non	1
E	resulting in death) LAST									
MEDICAL CERTIFI	PART II. Other eignificant cond	ditions contributing to		iot resulting		ng cause given i		24e. WAS AN AU PERFORME 1 PES 2	D?	MAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	PART II. Other eignificant cond	AL HOSPITAL:	rel	li ti	26.	PLACE OF DEATH (Check only one	PERFORME 1 YES 2	D?	MAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	PART II. Other eignificant cond 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Natural 5 Pending	HOSEITAL: 1 Phoetient 2 (280. DATE Of (Month, L)	□ ER/Outpatler	HC TO TR 3 □ DOA 290. TH	26. OTHER: 4 Nursing Ho		Check only one	PERFORME 1 YES 2	NO NO	
ED BY PHYSICIAN: MEDICAL	PART II. Other eignificant cond i	HOSEHTAL: 1 Propertient 2 260. DATE Of (Month, L) 280. PLACE Coulding.	ER/Outpatier FINJURY Day, Year)	nr 3 DOA	26. OTHER: 4 Nursing Ho	PLACE OF DEATH (III) THE 5 Residence NJURY AT YORK? YES 2 NO	Check only one 6 Other 28d, DESt	PERFORME 1 YES 2 Y	NO NO	AMAILABLE PRIOR OF COMPLETION OF OF DEATH? 1 YES 2
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OP-DEATH 1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Could no determine 290. CERTIFIER (Check only 1 CERTIFYING 6	AL HOSENTAL: 1 Pripatient 2 (Morath, L ob be bed 26e. PLACE of building.	ER/Outpetter IF INJURY Day, Year) OF INJURY — A g, etc. (Specify)	nt 3 DOA 29b. Til IN At home, ferm,	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, of	PLACE OF DEATH (to me 5 Residence NJURY AT YORK? YES 2 NO lice	Check only one 6 Other 28d. DESt 28f. LOCA City of	PERFORME 1 YES 2 (Specify) (Specify) CRIBE HOW INJUITION (Street and r Yown, State)	URY OCCURED Number or Rural r se stated.	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 // Route Number,
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OP-DEATH 1 Natural 5 Pending Investigat 2 Accident Investigat 3 Suicide 6 Could no determine 290. CERTIFIER (Check only 1 CERTIFYING 6	AL HOSEPTAL: 1 Propertient 2 28e. DATE Of (Month, L) attorn 28e. PLACE C building, led 28e. PLACE C building.	ER/Outpetter IF INJURY Day, Year) OF INJURY — A g, etc. (Specify)	nt 3 DOA 29b. Til IN At home, ferm,	OTHER: 4 Nursing Ho ME OF 28c. II JURY M 1 street, factory, of	PLACE OF DEATH (to me 5 Residence NJURY AT YORK? YES 2 NO lice	28d. DESI 28d. LOCA City of	PERFORME 1 YES 2 S (Specify) CRIBE HOW INJUINATION (Street end r Town, State) Me(a) end manne and place, and defended and defended and defend	URY OCCURED Number or Rural r ee stated.	AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 I Route Number,
E COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other eignificant cond 25. WAS CASE REFERRED TO MEDIC. EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH 1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXA 29b. SIGNATURE AND TITLE OF CERTIFIER OF CERTIFIER OR CONDITIONS ONE)	AL HOSEPTAL: 1 Propertient 2 28e. DATE Of (Month, L) attorn 28e. PLACE C building, led 28e. PLACE C building.	ER/Outpatier F INJURY Day, Year) OF INJURY — A g, etc. (Specify) of my knowledge examination enc	nt 3 DOA 29b. TH IN At home, ferm,	26. OTHER: 4 Nursing Ho ME OF 28c. II JURY 1 street, factory, off	PLACE OF DEATH (to me 5 Peeldence NJURY AT YORK? 1 YES 2 NO No Note and death occurred at 11	28d. DESI 28d. LOCA City of	PERFORME 1 YES 2 S (Specify) CRIBE HOW INJUINATION (Street end r Town, State) Me(a) end manne and place, and defended and defended and defend	URY OCCURED Number or Rural r ee stated.	AMAILABLE PRIVO COMPLETION OF OF DEATH? 1 YES 2 // Route Number,

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MIAL RECORDS, P.O. BOX 13146,	AN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or attending physician.	ificate has been signed by the attending physician and completely illied in by the funeral director, page 5 should be detached for use as the burial-transit perior State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours a 30 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in bye filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem WPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the media BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	BALTIMORE, MARYLAND 21203-3146	ifter death. Page 6 may be retained by the hospital or attending physici	r the funeral director, page 5 should be detached for use as the burial. roval.	al examiner must be notified at once.	TO BE COMPLETED BY FU
12 5	DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPIDL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely illed in by the funeral director, page 5 should be detached for use as the burlal. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		0.000	CE	RTIF	ICATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First	, Middle, Last)						2. DATE OF D	EATN	V846	3. TIME OF DEATN
Est	her E.	Slavin					June 2	6, Ï99	1 YEAR	3:45 A. M
4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		T DATE OF BE	DTM	I a gunti	HPLACE (State or Foreign
211-38-795	7	1 □ M 2 XF	92	YRS.	MONTHS DAY	B HOURS MIN.	Nov 6	1898	Swe	den
9a. FACILITY NAME (If not in	natitution, give a	treet and number)			9b. CITY, TOW	N OR LOCATION OF D			COUNTY OF E	DEATH
7001 Dorse					Layto	nsville		M	ontgom	nery
10a. STATE	10b. COUNT	Υ	1-1	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
Maryland	Mont	gomery		La	ytonsv	ille				1 TES AND NO
7001 Dorse						101. ZIP CODE 20882		-577	.S.A.	WHAT COUNTRY?
11. MARITAL STATUS	y Roud		T EVER IN U.S. AR	MED	13. WAS 0	DECENDENT OF NISPA	NIC ORIGIN? (So			E — American Indian,
1 Never Married 2 Never Married 2 Dive		FORCES? 1 IF YES, GIVE V	YES 2 X N	(0	If yes,	epecify Cuben, Mexic YES A NO Speci	an, Puerto Rican,		Spec	ck, White, etc.
	EDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCUP	ATION	16b. KIND	OF BUSINES	S/INDUSTRY	
Elementary/Secondary (I		College (1-4 or 5	+) #fe.	Do NOT us	se retired.)					
		2	Reg	iste	red Nu	rse	Hea	lth Ca	re	
17. FATHER'S NAME (First, N							AME (First, Middle,			
Viktor Eman		ansson					a Jonas			rı
Leon Slavin						Rd. Layto				20882
20a. METHOD OF DISPOSIT	TION V-V-		20b. PLACE	OF DISPO	SITION (Name of	cemetery, crematory or		20c. LOCATIO	N — City or T	own, Stata
1 Buriel 2 Crematic	on 3YLARem r (Specify) EII	tombment	_ other pl		awn Cer	metery		Ft. La	uderda	ale, FL
21. SIGNATURE OF FUNERA	AL BETWICE LI	CENSEE			22. NAME	AND ADDRESS OF F	ACILITY De	Vol Fu	neral	Home
31	01		мс	0896	10 1	E Deer P				g, MD 20877
23. PART I. Enter the d	liseases, or	complications the								Approximate
shork, or h	eart fallure.	List only one cau	use on each line).	101 011107 010	mode or dying, ad-	on ac oardiec (or respirator	y all (ac,	Interval Between
IMMEDIATE CAUSE (Findisease or condition resulting in desth)	nal -	· Hya	enten	سُد	car	ypater	cular	dio	ease	Onset and Death
		Oute to	(OR AS A CONSE	QUENCE O	F):	-				
Sequentially list condit	tions,	h l'ord	Con	trol	led 1	yperter	isin			>10 yes
if any, leading to imme cause. Entar UNDERLY		502 10	(or) ha h conse	avence o	T):	•				
CAUSE (Disease or Inju		c	(OR AS A CONSE	QUENCE O	F):					
resulting in death) LAS	ST									
		d								
PART II. Other significa								WAS AN AUTO		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
Re	mot	e my	vericl	ial	info	netins	1	YES 2 19		COMPLETION OF CAUSE OF DEATH?
- as	nemiz	0			(1 TES 2 1.NO
25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:				L PLACE OF DEATH (C	theck only one)			
1 TES 2 NO			ER/Outpatient 3	□ DOA	OTHER: 4 Nursing i	Home 5 (1) Residence	6 Other (Spe	icffy)		
27. MANNER OF DEATN		28a. DATE Of (Month, I	F INJURY Day, Year)	28b, TIN	ME OF 28c.	INJURY AT WORK?	28d. DESCRIB	RULNI WON 3	Y OCCURED	
1 Metural 5 2 Accident	Pending Investigation					YES 2 NO				
3 Suicide 5 4 Homicide	Could not be determined	28e. PLACE (building	OF INJURY — At he , etc. (Specify)	ome, farm,	street, factory, o	office	201. LOCATION City or Tox	N (Street end N vn, State)	umber or Rural	Route Number,
29a, CERTIFIER	TIFYING PHYS	SCIAN: To the heat o	I my knowledne de	anth occur	and at the time	data and place, and du	e to the course(s)	and menner	e stated	
constant only	STATE OF THE PARTY									(s) and manner as stated.
29th SIGNATURE AND TITLE				-	1.2.	29c. LICENSE NO				D (Month, Day, Year)
Jan &	Mo	nol	aro o	hari	J	1	025		1/2.	191
- BO. NAME AND ADDRESS O	-	O COMPLETED CALL	SE OF DEATH OTE	M 27) (70~	Print)	10.46	0 7 7		6126	0111
JAY MORRO	1					615 64	LNBHTI	bun6	mo	20179
31. DATE FILED (Month, Day,			AR'S SIGNATURE	7.00						

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPARTM CERTIFICA			IENTAL HYGIENI REG. NO.	E	
1. DECEDENT'S NAME (First, Middle, Last)	J	154	ore		2. DATE OF DEATH MONTH July 3	19 YE	3. TIME DE DEATH
4. SOCIAL SECURITY NUMBER 577-05-0667			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) uly 10, 19	8. 8	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give Wilson Healt RESIDENCE OF DECEDENT		nter 1	raith	LOCATION OF DEA		9c. COUNTY	
10a. STATE 10b. COUNT	y Montgomery	- 4.	ithersb				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
10% STREET AND NUMBER 301 Russel				ZIP CODE		10g. CITIZEN	DF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 XNO	If yes, spe	ENDENT OF HISPANI city Cuban, Maxican 2 NO Specity:			RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	CATION e completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work Me. Do NOT use re	done during moe	N t of working	16b. KIND OF BUS	SINESS/INDUST	RY
1-12		Field En	ngineer			EPCO	
17. FATHER'S NAME (First, Middle, Last) James P. St	nrev				ne (First, Middle, Maiden a W. Marti		
19s. INFORMANT'S NAME (Type/Print)	310)	19b. MAJLING AD	DRESS (Street ar		at W. Flaft] oute Number, City or Town		de)
William R. Sto	orey	9921 I	Rogart	Road, Si	lver Sprin	ng, Md.	20901
20a. METHOD OF DISPOSITION 1& Burial 2 Cremation 3 Ren 4 Donation 5 Objec (Specify)	noval from State	other place) Fort Lin	ON (Name of cem	etary, crematory or	20c. LO	CATION — City	or Town, State
21. SIGNATURE OF THE BAL SERVICE L	Kinake	,	22. NAME AN Hines/	Rinaldi		me	20904
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	a. Cerebro DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	m bo			ratory arrest	Approximate interval Between Onset and Death 3 wks
	CI+F, at	ut not resulting in the rial fibration	rillat		Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 YND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Che	ck only one)		
1 TYES 2 ND	1 - Inpatient 2 - ER/Outp	effent 3 DOA 4	Nursing Home	5 Residence			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident investigation		28b. TIME O	M 1 V	RK7 ES 2 NO	28d. DESCRIBE HOW I		
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stree	et, factory, office		28f. LOCATION (Street a City or Town, State)		Rural Route Number,
CONSCIN ONLY	SICIAN: To the best of my know IER: On the basis of examination						ause(s) and manner as stated.
296. SIGNATURE AND TITLE OF CENTRE	121/1		mD	29c. LICENSE NUM	DER 2	29d. DATE BI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE		int)	Ave C	Swither	5 бил	ind.
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	A-Randell				-	J

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained to) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should filled within 72 hours after death with the State Debt, of Health and Mental Hyplene prior to burial, cremation, or removal.	APORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified
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requir) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the in fleel within 72 hours after death with the State Debt, of Health and Mental Hyglene prior to burial, cremation, or removal,	how
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH YEAR 2 = 28 PM William Sey -2-BONN MOUL 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Dev. 46er) 1918 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS Louisiana 1X M 2 F 72 435-20-8843 9a. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Silver Spring Montgomery Holy Cross Hospital RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Wheaton Montgomery 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 20906 USA 4109 Dahill Road WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea, specify Cuben, Mexicen, Puerto Rican, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried
3 Widowed 4 Divorced Specify: BY white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementery/Secondary (0-12) College (1-4 or 5+) Printer Sweetheart Cup Co. 1-12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Hannah Graham Edward L. Seymour. BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4109 Dahill Road, Wheaton, Md. 20906 Kathleen A. Seymour Pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE METHOD OF DISPOSITION

Burlel 2 ♥ Cremetion 3 □ Removal from State

Donation 5 □ Other (Specify) must Fort Lincoln Crematory 7-6-91 4 Donation Brentwood, Maryland SOF FUNDIAL SERVICE LIC examiner 22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave., Sil. Spr. Md. 20904 medical 23. PART I, Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. interval Between **Onset and Death IMMEDIATE CAUSE (Finel** the disease or condition o cardial resulting in death) or other traumatic event, OUE TO (OR AS A CONSEQUENCE OF): terioscierotec Disuce Heav CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury. PART II. Other algoriticent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMAILABLE PRIOR TO PERFORMED? 23 shows any COMPLETION OF CAUSE 1 | YES 2 0 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) marked, or item EXAMINER? HOSPITAL: OTHER: ng Home 5 - Residence 6 - Other (Specify) 4 🗆 Num 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide -00 8 Could not be datermined COMPLETED 4 Homicide Item 28 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(e) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) P08546 4-2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day, Year)

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AR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 sols after deat	IRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun buts after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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19715 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 4:38 pm PLACIDE KERRICK SMYTH 03 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX 8. AGE (In yrs. last birthday) | IF Unu. F UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 🗌 M 2 🙀 F MONTHS DAYS HOURS VRC Calif 350-28-2950 Aug. 18, 1921 Vallejo, 9e. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 90 COUNTY OF DEATH Grove Adventist Hospital DIRECTOR Rockville Montgomery RESIDENCE OF DECEDENT the STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Rockville Maryland Montgomery 1 X YES 2 NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? of, ZIP CODE 11290 S. Glen Road U.S.A. 20854 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
ille. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Own Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Placide Thompson Charles S. Kerrick notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 11290 S. Glen Road Rockville, MD. 20854 W.W. Smyth (Husband) pe 20a. METHOD OF DISPOSITION

1 Suriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must 4 Donation 8 Other (Specify) Comfort Crematory Alex. VA. 22. NAME AND ADDRESS OF FACILITY

Joseph Gawler's Sons, Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 0 0 5130 Wisconsin Ave., Wash. D.C. 20016 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory street, Approximsta shock, or heart fellure. List only one cause on each line. Interval Between Onset and Dasth IMMEDIATE CAUSE (Final the disease or condition 1 cuto resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ludin Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) marked, or item 23 shows any injury, or other that initiated events resulting in dasth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AMILABLE PRIOR TO amest COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 6 Pending 1 YES 2 NO B 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 28 is 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL DR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT; If Item 2: 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) end menner as stated. 2 MEDICAL EXAMINER: On the beele of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(a) and menner ee stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILED (Month, Day

29d. DATE SIGNED (Month, Day, Year)

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REGISTRAR'S SIGNATURE

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	4. SOCIAL SECURITY NUMBER 217-21-8789	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	13	BIRTHPLACE (State or Foreign Country) DIA	
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DIREC	10a. STATE 10b. COUNT		NERY 10c. CITY,	TOWN OR LOCAT	MANT	own		10d, INSIDE CITY LIMITS? 1 YES 2 NO	
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E COMPL	17. FATHER'S NAME (First, Middle, Lest) Hulasi Singh	6	School F	rincipa	16. MOTHER'S NAM	E (First, Middle, M ka ''UNK		10n	
TO B	190. INFORMANT'S NAME (Type/Print) Arun K. Singh		19 Tre	nto Ct	and Number or Rural Ro Gaither:	sburg,	or Town, State, Zip Co Maryland	20877	
	20s. METHOD OF DISPOSITION 1X Paurial 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) 20b. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Parklawn Memorial Park 7/9/91 Rockville, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE.	CENSEE	M00896		Deer Pa	De V	ol Funer Gaithers	al Home burg, MD 208	
	23. PART I. Enjor the diseases, or shock, or heart feliure immediate cause (Final disease or condition resulting in death)	a. Prostat	each line.	rv				interval Bety Onset and D	
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Marvin Wadler
31. DATE FILED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

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TABLE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO CERTIFICATE OF DEATH REG NO CERTIFICATE	FOR	CTATE OF BE	ADVI AND /	DEDAD	7885117	. 05 11	FAITH	up II	erutai.	HVOIEN	-	9	1 1	97	17	
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Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue			ENSEE	A Oa	IV GI	22	NAME AN	O ADDRESS	S OF FAC	HUTY						
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Part		shock, or haart fallurg /	omplications that list only one caus	caused tha da se on each line	ath. Do	not antar	tha mo	da of dyln	g, such	ss cardia	c or respi	ratory ar	rest,	Int	larval Bat	wean
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2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 29b. STGNATURE AND XITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		1 X Natural 5 Pending	26a. DATE OF (Month, Di	INJURY ny, Year)	28b. TIN	JURY	WO	RK?	NO	28d. DESC	RIBE HOW I	NJURY OC	CURED			
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8218 Wisconsin Avenue #414 Bethesda, Maryland 20814
32. REGISTRAR'S SIGNATURE
Suna Davidson Pandell

The Nospital or attending physician.

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	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may emment the lost	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pages strought in furnity be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPART CERTIFIC	MENT OF HEALTH AI		HYGIENE 9	1 19718			
1. DECEDENT'S NAME (First	3 THOMP	SON		MONT	-29-91	YEAR 3. TIME OF DEATH 7:30 A M			
4. SOCIAL SECURITY NUM 579 - 16 - 3	5. SEX 1 M 2 F sstitution, give street and number)	80 YAS.	# UNDER 1 YEAR	MN. (Mont	-16-10	8. BIRTHPLACE (State or Foreign County) BERMWELL, W. V TY OF DEATH			
	ial Woods	Wursing Cent	er 1801 Metze	1801 Metzerott Kol Prince					
RESIDENCE OF DEC. 10a. STATE Maryland 10a. STREET AND NUMBER	Prince Georg		elphi	phi					
1801 Metz	erott Road		20783			ted States			
1801 Metz 1801 Metz 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Tobin	Merried FORCES?	NT EVER IN U.S. ARMED 1 YES 2X NO WAR OR DATES	13. WAS DECENDENT OF It yea, specify Cuban, it I YES 2 NO	Aexican, Puerto		14. RACE — American Indian, Black, White, etc. Specify			
15. DEC (Specify on Elementery/Secondary (12) 17. FATHER'S NAME (First, N	DEDENT'S EDUCATION by highest grade completed) 0-12) College (1-4 or 5	(Give kind of wo	ISUAL OCCUPATION ork done during most of working retired.)	16k	KINO OF BUSINESS/INDU	JSTRY			
12	2	Nurse			Private Dut	у			
17. FATHER'S NAME (First, A	ficicle, Last)		18. MOTHER	'S NAME (First,	Middle, Maiden Sumame)				
Thomas Gre	gory		Carr	ie Gre	en				
190. INFORMANT'S NAME (ber, City or Town, State, Zip				
Tietcher G.	letcher Gregory 2905 10th								
4 Donation 8 Othe		20b. PLACE OF DISPOSI other place) Maryland	National Cemeter National	etery	Laurel,	Maryland			
21. BIGHT THE OF FUNDA	M PAGE		McGuire Fur			. 20012 ngton, D.C.			
IMMEDIATE CAUSE (Fi disease or condition resulting in death)	Approximately and the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arreat, interval on the control of the control of the cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO OF AS A CONSEQUENCE OF):								
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26. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 5	26s. DATE O		OF 28c. INJURY AT	28d. OE	SCRIBE HOW INJURY OCC	URED			
II 4 Homicide	Could not be determined 28e. PLACE building	OF INJURY — At home, farm, at g, etc. (Specify)		28f. LOC	28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
enel enel	TIFYING PHYSICIAN: To the best of								
	OF CERTIFIER /	((- 00	>> ≥> 29c, LICENS			E S/GNED (Mgrith, Day, Year)			
a Steet	Telet ro	DO Prysic		1001		/29/91			
AND ADDRESS O	F PERSON WHO COMPLETED CA	USE OF DEATH (ITEM 27) (Type,	Print) 7500	6-00	Lord. 2	77.Dr.			
31. DATE FILED (Month, Day,	A. w.	TAR'S SIGNATURE							

91 19718

OHMH-18 Rev 1/89

DHMH-18 Rev 1/89

REGISTRAR DECEOENT'S NAME (First, Middle, La.								2 DATE	OF DEATH			3. TIME OF DEATH
DECEDENT'S NAME (First, Middle, La		ntomo	Tje	en				MONT		7-9	YEAR	5:47 F
SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.			DAYS	IF UNDER	1 24 HRS.	7. DATE	OF BIRTH h, Day, Year)		8. BIRTI Count	IPLACE (State or Foreign
unavailable	1 💢 M 2 🗆 F	52	YRS.	MONTHS	DAYS	HOURS	MHN.	Oct.	10, 1	L938		őnesia
a. FACILITY NAME (If not institution, given	re street and number)			9b. CITY	Y, TOWN (OR LOCATI	ON OF O	EATH		9c. COU	NTY OF C	DEATH
Holy Cross Hosp	ital			Sil	ver	Spri	.ng			Mon	tgom	ery
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II. MARITAL STATUS Never Married Widowed Divorced Never Married Nev			ARMED		If yes, sp		en, Mexica	in, Puerto	17 (Specify Ye Rican, etc.)	a or No—	14. RAC Blac Spec	
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15. DECEDENT'S E (Specify only highest gr	ade completed)		(Give kind of life, Do NOT L	work done	during mo		ing	168	KIND OF BU	ISINESS/IN	OUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +	•)	Chef						Rest	taura	nt	
7, FATHER'S NAME (First, Middle, Last)	-		01161			18. MOT	HER'S NA	ME (First	Middle, Maider			-
Unavailable								ilab				
9a. INFORMANT'S NAME (Type/Print)	19b. MAILIN	O ADDRES	S (Street a				ber, City or Tov	vn, State, Zi	p Code)			
Indradi Partowar	oio								Spring			10
to, METHOD OF DISPOSITION Burlai 2 Cremation 3 R			CE AND DAT	TE OF DISP	POSITION			DAT		OCATION -		
☐ Burial 2 ☐ Cremation 3 ☐ R ☐ Donation 5 ☐ Other (Specify) _	emoval from State	Cenc	kary, cremator	g Cer	mete	ry		7-	11 Jak	arta	, In	donesia
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Rapp Funeral Services, P. A.												
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23. PART I. Enter the disease, shock, or heart fellu	re. Liet only one ceu	se on each	line.	not enter	Rapp 933 or the mo	Fun Gist	Ave	nue,	Silve	er Spi	ring meat,	Approximate Interval Betw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be mainted by a Page 10 may be ma	fter this	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTA			MENTAL	HYGIENE REG. NO.			
1. DECEDENT'S NAME (First, Middle, Lest)	A. TAYLO				2. DATE MONTH		YEAR 3.	TIME OF OEATH 6:40 A M	
	0 M 2 SF 8	YRS.		HOURS MIN.	(Month	() (9(D)	Country)	ce (State or Foreign	
Washington Cou				rstown	n Washington				
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland Washin	gton		Sboro	ON	10d. INSIDE CIT LIMIT97 1 1 7 YES 2				
100. STREET AND NUMBER 213 N. Main St				21713		1 / 2	S. A.	COUNTRY?	
	12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT EVER IN U.S. ARMED 14. WAS DECEDENT EVER IN U.S. ARMED 15. WAS DECEDENT EVER IN U.S. ARMED 16. WAS DECEDENT EVER IN U.S. ARMED 17. WAS DECEDENT EVER IN U.S. ARMED 18. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDENT EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19. WAS DECEDED EVER IN U.S. ARMED 19				n, Puerto I	? (Specify Yee or No	14. RACE — Black, W	American Indian, hite, atc. Vhite	
	TION 16 mpleted) College (1-4 or 5+)	(1-4 or 5+) life. Do NOT use retired.)			-	KIND OF BUSINESS/IND	USTRY		
17. FATHER'S NAME (First, Middle, Lest)	Homemaser			18. MOTHER'S NAI		Own Home Middle, Malden Surname)	_		
	George Shoemaker					Catherine 1			
De. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Ru						The second second	Code)		
Betty J. Palmer	201 D				oro,	Md. 21713	Sty or Town	State	
20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) 4 Donation 5 Other (Specify) BOONSDOYO CEMETERY						91 Boonsbor			
JOHN H. Ba	SEE DIN		22. NAME AN	ADDRESS OF FA	CILITY	7606 Old N Boonsboro,	ation	al Pike	
ahock, or heart feilure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	Covonas ONSEQUENCE OF):	ny arte	in disi	are)			Interval Betweer Oneet and Death	
CAUSE (Disease or injury that inteleted events resulting in death) LAST d.									
PART II. Other algorificant conditions As-thma	PART II. Other algoriticant conditions contributing to death but not resulting in the underlying cause g					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	ED? AVAILABLE PRIOR TO		
	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	25b. TIME (OF 28c. INJU	RY AT	ce 6 Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED				
2 Accident Investigation 3 Suicide 5 Could not be determined Solution Suicide Solution Soluti						28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Olison Oliv)	AN: To the best of my knowled On the best of examination a							nd manner as stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER	Tweler mo			29c. LICENSE NUI	WBER 579				
30. NAME AND ADDRESS OF PERSON WHO		H (ITEM 27) (Type, P	Print)	Ec de Sa	lle	m d	217	56	
31. DATE FILE 9 10 10 10 10 10 10 10 10 10 10 10 10 10	32. REGISTRAR SIGNAT	on Pander	2	7)	77, 44		<u> </u>	

DALISION OF VIEW RECORDS, T.C. BOX 15149,	O THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 from a state death. The gas to retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funery director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	terie prior to buria, cremetion, or remain	ther traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.O. BOA IS	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be execu	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and	be filed within 72 hours after death with the State Dept. or Hearth and Merital Hygiene prior to bur	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event. the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO),			
	1, DECEDENT'S NAME (First, Middle, Lest) QATHERINE	- 10	BIN			2. DATE OF DEATH MONTH D	8 19	year 91 3. TIME OF DEATH		
1	4. SOCIAL SECURITY NUMBER 212 18 2129	5. SEX 6.	AGE (In yrs. lest birthday) 81 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year) 01-27-19	- 1	a. BIRTHPLACE (State or Foreign Country)		
	9e. FACILITY NAME (If not institution, give st	met and number)	01	95 CITY TOW	N OR LOCATION OF DI			TY OF DEATH		
OR	St. Lukes' Nur		e		ndallstown		1	Carroll		
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,	10c. CI	Y, TOWN OR LO	CATION	10d. INSIDE CITY				
DIRECTOR	MD H	arford			Havre de Grace			1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 601 Otsego Str	eet			101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY USA			USA		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			It yes	DECENDENT OF HISPAI specify Cuben, Mexico res 2 X NO Specif		e or No—	14. RACE — American Indian, Black, White, atc. Specify:		
ED B	15. DECEDENT'S EDUC		16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	ISINESS/INDU	White		
COMPLETE	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT o		most of working					
Z	11th		Home	maker_				44		
8	17. FATHER'S NAME (First, Middle, Last)	7- 4				ME (First, Middle, Melder				
出	William Wrig	nt				nces Samp				
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox				
-	Mr. John R. Duff					re de Grad				
	20s. METHOD OF DISPOSITION 1 M Burial 2 Cremetion 3 Remote the Donation 5 Other (Specify)	oval from State	other place)		etery			in, MD		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Mito		n Funeral	Home	, P.A.		
	Willer	Lamo	TI.	Havre de Grace, MD 21078-3197						
TION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Alternative Cardia Vasualist different consequence of positions. Due to (or as a consequence of position): B. Due to (or as a consequence of position): Due to (or as a consequence of position): Due to (or as a consequence of position): Due to (or as a consequence of position): Due to (or as a consequence of position):									
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL		tructure	with but not resulting	In the under	ying cause given In	Part I. 24s. WAS A PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
ÿ		1								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO	HOSPITAL:	ER/Outpatient 3 DOA	QTHER:	S. PLACE OF OEATH (C					
PHY	27. MANNER OF DEATH 1 🔀 Natural 5 🗍 Pending	28e. DATE OF IN (Month, Day,	JURY 28b. TI Year) IP	MURY	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCC	CURED		
D BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF building, et	INJURY — At home, farm ic. (Specify)		YES 2 NO	281. LOCATION (Street City or Town, Stet	t end Number	or Rural Route Number,		
ETE	4 Homicide determined									
COMPLETED	(Check only		y knowledge, death occumination and/or investigat					ed. e ceuse(e) end manner ea stated.		
TO BE CO	296. SIGNATURE AND TITLE OF CERNFIER				D 175	NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 9 91				
ĭ	30. NAME AND ADDRESS OF PERSON WHE	S SALI	a second A		yal Ave.,	Baltimore	, MD			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	7						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a July after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the		st be notified at once.
ours after death. Page 6	filled in by the funeral direct	ion, or removal.	the medical examiner mi
certificate be executed within	nding physician and completely	Hygiene prior to burial, cremat	or other traumatic event,
The law requires that the deat	te has been signed by the atte	ite Dept. of Health and Mental	em 23 shows any Injury,
IL OR ATTENDING PHYSICIAN:	L DIRECTOR: After this certifical	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITA	TO THE FUNERA	be filed within 7.	IMPORTANT: I

31. DATE FILEO (Month, Day, JUN 20 '91

G-679 9/5/91 cm	STATE OF MA	ARYLAND / DEP	ARTMEN	T OF H	EALTH AND	MENTAL HYGI	NE	91	19722	
1 - STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Las EVELYN R.		CERT			DEATH	REG. N 2. DATE OF DEATH MONTH	10.	YEAR	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 578–26–7627		3. AGE (In yrs. last birthde	MONTHS	R 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)			PLACE (State or Foreign	
9e. FACILITY NAME (If not institution, give				y, town o	R LOCATION OF DI		9c. COU	INTY OF O		
10e. STATE 10b. COUN	ce George'		city, town		ION				10d. INSIDE CITY LIMITS? 1X YES 2 NO	
100. STREET AND NUMBER 7805 Mandan Road 11. MARITAL STATUS 11. Naver Married 2 Married					ZIP COOE 20770		-	S.A.	HAT COUNTRY?	
3 X Widowed 4 Divorced		EVER IN U.S. ARMEO YES 2 NO R OR DATES	13	If yes, spe 1 YES		NIC ORIGIN? (Specify in, Puerto Rican, atc.) y:		14. RACE Black Specifi Whi		
(Specify only highest grant Elementary/Secondary (0-12) 12th	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)					Office Univers	Servi	DUSTRY .Ces		
w David Dunn	17. FATHER'S NAME (First, Middle, Last) David Dunn 18. MOTHER'S NAME Mary Chri 198. INFORMANT'S NAME (Type/Print) CLADYS L NICHUS 199. MAILING ADDRESS (Street and Number or Faural Rou								20.781	
Gladys L. Nichol	Cladys L. Nichols 4011 Crittenden Street								ryland	
20. METHOD OF OIS OSTITION TANBURIO! 2 Committee 1 1 4 Donation 6 11 Other (Special Derivice)	EIGENEE STATE	Oakwood	Cemet	ery NAME AN	O ADDRESS OF FA	R:	FUNERA	L HO	irginia ME, P.A.	
23. PART i. Enter the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition resulting in desth)	e. List only one ceus	cute Cor	ONLY	r tha mod		h aa cardiac or re			Approximeta interval Betwee Onset and Qual	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events									
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I						AN AUTOPSY FORMEO? 2 XNO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТНЕ		ACE OF DEATH (Ch	eck only one)				
	28a. DATE OF I (Month, Day	ER/Outpatient 3 DO.	TIME OF INJURY	28c. INJI WO	URY AT	6 Other (Specify) 28d. OESCRIBE HO	W INJURY O	CCURED		
m	2 Accident Investigation 3 Suicide 8 Could not be Suicide 8 Could not be						eet and Numbe	er or Rural R	loute Number,	
e l cool	YSICIAN: To the best of m) and manner as stated.	
29b. SIGNATURE AND VITLE OF CERTIF	E. Willow	M.D			29c. LICENSE NUI	MBER 9322	294. OA)	TE BIONED	nation, cust man	

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Saviden Pandelle

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	at or attending PHYSICIAN: The law requires that the death certificate be executed within 2-	IL DIRECTOR: After this certificate has been signed by the attending physician and completely fi	
	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, yours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,	

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	4. SOCIAL SECURITY NUMB	ER .	huma 5. SEX		yrs. last birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.	-	TE OF BIRTH		A. BIRTHPI	LACE (State or Foreign
	507-36-6643		1XXM 2 □ F	54			DAYS HOUR	7	(M	lonth, Day, Year) 1-29-36		Nebra	aska
	9e. FACILITY NAME (If not ins	stitution, give	street and number)			96. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF OEATH		
OR	Washington A		Takor	na Parl				Mont	gomei	ry			
DIRECTOR	RESIDENCE OF DECEDENT						LOCATION						10d. INSIDE CITY
DIR	Maryland	Prin	ce George	's	Boy	7ie						7	VES 2 NO
AL	10e. STREET AND NUMBER				10		101. ZIP C						HAT COUNTRY?
FUNERAL	12806 Babcock Lane						2071						States
BY FUI	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Olvor		12. WAS DECEDEN FORCES? XI IF YES GIVE V	XXVES	U.S. ARMED 2 NO TES	H	AS OECENDEN you, specify Co PES 2 X	iben, Mexica	an, Pue	IOIN? (Specify Yes rto Rican, atc.)		Black, Specify Whit	— American Indian, White, etc.
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COMPLET	12	Idelation 1 = 11			Rental	Mana		OTHER !		Real Est			
	William Thu	1								rtwood	sumame)		
BE (19e. INFORMANT'S NAME (7)				19b. MAILIN	ADDRESS			_	Number, City or Town	n, State, Zip	Code)	
2	Darla A. Th	umann	- 11		Same	as #	10.						
	20e. METHOD OF DISPOSITI		moval from State		PLACE OF DISPO						CATION — C		
	4 Donation 5 Other	(Specify)		_ La	akemont		rial G				idson	vill	e,MD
	21. SIGNATURE OF PUNERA	- SENVICE L	C C		. 0					eral Ho	me,P.	Α.	
	17000	06	C. CU	any	2 PM					Rd. Boy			715
	23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fir	eart fellure	. List only one car	use on eac	ch line.			7					Approximata Interval Between
7	disease or condition resulting in death)	→ →	. Ke	SALI O (O) AS A O	CONSEQUENCE OF	76 N	Cecl	UrC	ور	R			
SERTIFICATION	disease or condition	lons, dieta ING	DUE TO	O (DR AS A	ch'lina. CUIR CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (DIF):	Cell	Cur C Muc	CE	R			
AL CERTIFI	disease or condition resulting in death) Sequentially list condit if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated events	ions, dieta ing	c. DUE TO	O (OR AS A	CONSEQUENCE (OF):					RMED?		Onget and Dear
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Lilian M. Tod	id						June 24,	DAY 1991	YEAR 3.	9:00 P
4. SOCIAL SECURITY NUMBER 578-10-2048	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 Y	EAR IF UND	ER 24 HRS. MIN.	7. DATE OF BIFTH (Month, Day, Year) Apr. 9,1			ACE (State or Foreign
9e, FACILITY NAME (If not institution, gh	**	10	THS.	A) APPL 20					INTY OF DEAT	
				1	OWN OR LOCAT		EATH			
8100 Connecticu				Chev	y Chas	se		Mo	ntgom	ery
10e. STATE 10b. COU		W J		y, town on i					100	d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER					101. ZIP CO	DE		10g. CIT	TIZEN OF WHA	T COUNTRY?
8100 Connecticu	it Avenue				208	815		υ	J.S.A.	
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. AR		If y		oan, Mexica	NIC ORIGIN? (Specify) in, Puerto Rican, etc.) y:	es or No-	14. RACE Black, V Specify:	American Indian, White, atc. White
15. DECEDENT'S E (Specify only highest gr		(G	CEDENT'S live kind of a	USUAL OCCI work done duri se retired.)	JPATION ng most of work	king	16b. KIND OF B	USINESS/IN	DUSTRY	
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17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maide			
Patrick Moriart	tv				L	illia	n Millane			
19e. INFORMANT'S NAME (Type/Print)	- 7	19	b. MAILING	ADDRESS (S			Route Number, City or To		To Code)	-
William F. Todo	1						thesda, M		0814	
20a. METHOD OF DISPOSITION 1 KBuriet 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State	20b. PLACE of cometary Gate	of H	e of oispos or other place	Cemet	ery	6/27 Sj		Sprin	
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final	re. List only one ca				_		In Ave, NW,			, DC 20016 Approximate interval Between
disease or condition resulting in death)	a. Cardio	-pulmona	ary a	rrest						
	Severe DUE TO Lung C	end sta o (or as a conse	OUENCE O	ក: teroic ក:	l depe	ndent	chronic lung dise	obstr ase	ructiv	Onset and Date
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7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Nov. 30, 1950 Washington

3. TIME OF DEATH

4:52 PH

2. DATE OF DEATH MONTH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

213-56-3733

5. SEX

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DIVISION OF VITAL RECORDS,	
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BY FUN	11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDENT EVER FORCES? 1 YES	S 2 NO	13. WAS DECEMPENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spec	can, Puerlo Rican, etc.)	s or No—	14. RACE — American Black, Whita, etc. SpecifyWhit (ndlan,
COMPLETED	15 (Speci Elementary/Sobole	DECEDENT'S EDI ify only highest grad	UCATION le compléted) Collège (1-4 or 5+)	(Give kind of s	usual occupation vork done during most of working e retired.) one Reception	166. KIND OF BU	A TV	JSTRY	
ш	17. FATHER'S NAME (F	E DeKa	1b		18_MOTHER'S	ne R. Bi	ůmďon	1	
TO B	Baron De	Kalb		77700	ADDRESS (Street and Number or Burn Chicago Ave	al Route Number City or Tox	vn. Steate. Zio (P Spr	Thg, Md	20
	20a. METHOD OF DISI 1 Burlal 2 Cre 4 Donation 5	metion 3 🗆 Rer	noval from State Me	tob. PLACE AND DATE	or disposition (Name or other place) Can Crematory	DATE 200. LC	Alex	city or Town, State	Va.
	21. SIGNATURE OF FU	Lee I	CENSEE A BON	1.	22. NAME AND ADDRESS OF 254 Carroll	Takom:	a Fun	eral Hor	ne,
	IMMEDIATE CAUSI disease or conditi		()		_ 1			011001	and Dea
RTIFICATION	Sequentially list or if any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death)	onditions, mmediate ERLYING r Injury	DUE TO (OR AS	A CONSEQUENCE O	thaut :	Disease			•
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ED BY PHYSICIAN: MEDICAL	Sequentially list colif any, leading to I cause. Enter UNDI CAUSE (Disease of that initiated even resulting in death) PART II. Other sig. 25. WAS CASE REFERIESAMINER? 1 XES 2 N	onditions, mmediate ERLYING r Injury ts LAST Initicent condition RED TO MEDICAL	DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE O A CONSEQUENCE O but not resulting ripetient 3 □ DOA Y 26b. Till IN.	26. PLACE OF DEATH (OTHER: 4 Nursing Home 5 Residence E OF URY M 1 YES 2 NO	In Part I. 24e. WAS AI PERFO 1 TYES Check only one) 26 G Other (Specify)	N AUTOPSY PMED? 2 NO INJURY OCCI	AMALABLE PR COMPLETION OF DEATH? 1 YES 2	IOR TO OF CAUSE
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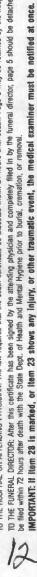
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

ruesdale

6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS.

1	-	FOR STATE REGISTRAF	2

1. DECEDENT'S NAME (First, Middle, La Ruth E	IV J	H ELI	ZABETI	H TAYLO	R		2. DATE OF MONTH	DEATH OF	7-	1991	3. TIME OF DEATH / 11:45P
4. SOCIAL SECURITY NUMBER 721-01-4555	5. SEX 1 M 2 F	8. AGE (In yrs.	last birthday) YRS.	MONTHS DAY	B HOURS	MIN.		wy. Year)	924	Count	PPLACE (State or Foreign ry) SHINGTON DC
90. FACILITY NAME (# not institution, gi WASHINGTON A RESIDENCE OF DECEDENT	DVENTIST H	HOSPITA	L	9ь. сіту, том ТАК	OMA PA		ATN		/	NTGO	
MARYLAND M	ONTGOMERY	7		TY, TOWN OR LO ROCKVIL							10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 11813 OLD DRO	VERS WAY				10f. ZIP COD	852			10g. CI	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced		NT EVER IN U.S. 1 YES 2 WAR OR DATES	ARMED	If yes	DECENDENT C , specify Cube YES 2 1 NO	ın, Mexica	n, Puerto Rice		e or No—	14. RAC Blac Spec	E — American Indian, k, Whita, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12	EDUCATION rade completed) College (1-4 or 5	+)				ng	102	F.L.			
17. FATNER'S NAME (First, Middle, Lest) CHARLES HART	LAND TAY	LOR			FL	ORA	ME (First, Midd BEL)	L	ACL:	EOD	
GERTRUDE E. WR	IGHT (SIS	TER)	11813		RIVERS		, ROC	KVILI	LE, I	MARYI	AND 20852
20q. METHOD OF DISPOSITION 1	lemoval from State	of cemet	tary, cremator	ry or other place) N CEMET			7/9			— City or T	MARYLAND
								1 4100	444		
23. PART I. Enter the disesses, shock, or haert fellu immediate CAUSE (Final disesse or condition resulting in death)	or complications th	wee on each I	lina.	not anter the	UNIVE	RSIT	Y BLV	D., W	V., :	SIL.	Approximata Interval Between
23. PART I. Enter the diseases, shock, or heart fellu immediate CAUSE (Final disease or condition	or complications the re. List only one can be determined by the recomplications to the re. List only one can be determined by the recomplication of the re	O (OR AS A CON	III NA. VISTOUENCE C	not anter tha	UNIVE moda of dy	RSIT	Y BLV	D., W	V., i	SIL.	SP., MD 20 Approximate Interval Betwee Onset and Dea
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BALTIMORE, MARYLAND 21203-3146	the law requires that the death certificate be executed within carriours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Protest	or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-7	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Press 3 should	 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

	1. DECEDENT'S NAME (First, Middle, L	ast) 6 T	00 0				2, DATE	E OF DEATH		S. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. les	t birthday) IF	UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE	OF BIRTH	3 9	BIRTHPLACE (State or Foreign
	17218552	6 1 DM 2 XF	7	YRS. MO	NTHS DAYS	HOURS MIN.	(Mon	th, Day, Year)	- 11 E	country) Pennsylvania
Œ	Da. FACILITY NAME (If not institution,	/ /	-:4-	96	CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNTY	
6	DUDULO	T	pria	1 13	08.11	ues do			Mont	gomery
DIRECTOR	10a. STATE 10b. CO	P MOntgomery			OC. K	ATION I				10d. INSIDE CITY LIMITS?
	10s. STREET AND NUMBER			'		01. ZIP CODE	-			1 XYES 2 NO
FUNERAL	9537	ers Dri	ve			20	850		USA	A
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 TH		If yes, s	CENDENT OF HISI specify Cuban, Mex	ican, Puerto	N? (Specify Yes Rican, etc.)	or No- 14	. RACE — American Indien, Black, White, etc.
BY	3 € Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES		1 U YE	S 2½∏ NO Spi	eally:			Specify: White
TED	15. DECEDENT'S (Specify only highest	grade completed)	18a, DE (G	CEDENT'S USI ive kind of work Do NOT use re	UAL OCCUPAT done during in	TION nost of working	16	b. KIND OF BU		
COMPLET	Elementary/Secondary (0-12) 1-12	College (1-4 or 5+)		chasin			F	ed. Go		Weather
ŏ.	17. FATHER'S NAME (First, Middle, Las	0			5_11601			Middle, Malden		dread
BE (Andrew Gal	11						omery		
2	19a. INFORMANT'S NAME (Type/Print) Lewis P. To	mar				end Number or Au Orive, M				
	20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOSITH		emetery, crematory				y or Town, State
	1 Burial 2 X Commetion 3 4 Donation & 1 Other (Specify)		other pl			Cremato		Br	entwoo	d. Md.
	21. SIGNATURE OF PUNERAL SERVICE	I I I				and address of les/Rina		uneral	Home	
	23. PART I. Enter the diadeois.	Linakh			111800	N.H. A	ve	Silver	Sprin	g. Md. 2090
	IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a	PS 1 S	/						Onset and E
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ATION	Sequentially list conditions, if any, leading to immediate cause Enter UNDERLYING					1	de	1 .0 .	1	į
IFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a Cholar	AS A CONSE	OUENCE OF):	10.00	with	00	1+ LAC	hon	
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a Cholar	AS A CONSE	OUENCE OF):	10M	with	00	1+LAC	Wart	
AL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. Cholox DUE TO (OR	AS'A CONSE	OUENCE OF):				24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FIND
	if arry, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. Cholox DUE TO (OR	AS'A CONSE	OUENCE OF):					AUTOPSY RMED/	
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BE COMPLETED BY PHYSICIAN: MEDICAL	if arry, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of Could not determined to the Could not	DUE TO (OR d. AL HOSPITAL: 1 Inpetient 2 EF 28a. DATE OF IN building, etc. PHYSICIAN: To the best of exam THER WWW. MAINER: On the basis of exam	AS'A CONSECUTION AND A CONSECU	DUENCE OF): resulting in t 28b. TIME 0 INJUR ome, farm, streeth occurred a	26. THER: Nursing Hope Y M 1 et, factory, of	PLACE OF DEATH Ome 5 Residen NJURY AT WORK? YES 2 NO Noe the end place, and death occured at 29c, LICENSE	(Check only of the Check only only only only only only only only	24e. WAS AN PERFOI 1 VES 2 1	I AUTOPSY RMED NO INJURY OCCUI and Number or oner as stated and due to the c	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO RED Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	if arry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigate 1 Note of the could not determine the condition one) 2 MEDICAL EXAMINER AND TITLE OF CERT	AL HOSPITAL: 1 Pospital: 1 Pospital: 1 Pospital: 28a. DATE OF IN (Month, Dey.) (Month, Dey.) 28a. PLACE OF IN building, etc. 28a. PLACE OF IN The best of my MMINER: On the basis of exam TIFIER WW WHO COMPLETED CAUSE (AS'A CONSECTION OF DEATH (ITE	DUENCE OF): resulting in t DOA 4 28b. TIME 0 INJUR Investigation, i	26. PTHER: Nursing Ho PF 28c. I Y M 1 (et, fectory, of	PLACE OF DEATH PLACE OF DEATH DIE 5 Resident NJURY AT VORK? VES 2 NO No No No No No No No No No	(Check only of the control of the co	24a. WAS AN PERFOI 1 VES 2 1	I AUTOPSY RMED RM	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CALL OF BEATH? 1 YES 2 NO RED Rural Route Number, cause(e) and manner as state HONED (Month, Dey, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	if arry, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of Could not determined to the Could not	DUE TO (OR d. AL HOSPITAL: 1 Indiperital: 28a. DATE OF INJ. (Month, Dey.) tion 28a. PLACE OF IN- building, etc. PHYSICIAN: To the best of my AMINER: On the basis of exam TIFIER WHO COMPLETED CAUSE (C.)	AS'A CONSECTION OF DEATH (ITE	DUENCE OF): resulting in to the second of t	26. PTHER: Nursing Ho PF 28c. I Y M 1 (et, fectory, of	PLACE OF DEATH PLACE OF DEATH DIE 5 Resident NJURY AT VORK? VES 2 NO No No No No No No No No No	(Check only of the control of the co	24a. WAS AN PERFOI 1 VES 2 1	I AUTOPSY RMED RM	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO RED Rural Route Number,

1	1. OECEDENT'S NAME (First, Middle, Last)	JO ANNE MAI		フドレ	The state of	2. DATE OF DEATH	Y QYE	3. TIME OF OEATH
				UNDER 1 YEAR		7. OATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
1	396-26-8380	1 M 2 F 6:	MOI	THS DAY		Alderson David Maria	79 9	isconsin
	Se. FACILITY NAME (If not institution, give stre	A			N OR LOCATION OF DE		95 COUNTY	OF DEATH
DIRECTOR	1009 Chillyn	Road ap	412	149	ナナイレール	e	Krine	ce toonse
<u>س</u>	10a. STATE 10b. COUNTY	10	10c. CITY, TO	OWN OR LO	CATION			10d. INSIDE CITY
6		ice George	op Hy	aus				1 YES 2 NO
FUNERAL	100. STREET AND NUMBER	m Road	apT 412	_	101. ZIP COOE 20782			OF WHAT COUNTRY?
۲		12. WAS DECEDENT EVER I	NIIS ARMED	12 WAS D		NIC ORIGIN? (Specify Yes	U.S	A. American Indian,
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 \(\superset \text{YES}\) GIVE WAR OR D NO	2 NO	If yes,	specify Cuben, Mexica ES 2 100 Specif	n, Puerlo Ricen, etc.)		Black, White, etc. Specify: White
	15, DECEOENT'S EOUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S USL (Give kind of work			16b. KIND OF BUS		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 6 YRS.	life. Do NOT use re	tired.)		Md. Nat		pital Park &
<u> </u>	17. FATHER'S NAME (First, Middle, Last)	O IND.	TCTTOLMIN,	5 ALL		ME (First, Middle, Maiden		IIIII •
_	Josef Uzel				Blanche		ourname,	
O BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Stre		Route Number, City or Tow	n, State, Zip Coo	de)
입	Robert Hollern		2000 Hu	nting	ton Ave	#405. Ale	xandria	a, Va. 22303
	20e. METHOD OF DISPOSITION 1 X Variet 2 Cremetion 3 Remove	val from State	b. PLACE AND DATE OF	DISPOSITI	ON (Name	DATE 20c. LO	CATION — City	or Town, State
	4 Donation 5 Other (Specify)		cemetro crematory or control trick					e, Wisconsin
	· Hack	4/50	lon			S SONS FU		HOME, P.A., MD. 20781
	23. PART I. Enter the diseases, or co- ahock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	Interpolations that cause lat poly phe cause poly one cause poly of the cause poly o	ach line.			_		Interval Between Onset and Death
CERTIFICATION	Sequantielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	x C	ardiovac	ICULAND.	Nego	e years
H	resulting in death) LAST							
	PART II. Other significant conditions	4	out not reaulting in t	he underly	ring ceuse given in	Part I. 24s. WAS AN PERFOR	AUTOPSY AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL	MyperTens	102				1 TYES 2	NO	OF DEATH?
_						- 1		1 TES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C)	neck only one)		
PHYSICIAN:	EXAMINER?	HOSPITAL:		THER:	lome 5 Residence	T 104 /		
¥	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME O	F 28c.	INJURY AT	28d. DESCRIBE HOW	NJURY OCCUR	ED
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJUR		WORK? YES 2 NO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, streetly)	et, factory, o	ffice	261. LOCATION (Street City or Town, State)		Rural Route Number,
COMPLETED	one)	CIAN: To the best of my known: On the basic of examination						euse(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	ne hug	Denviryn	1-1014	29c. LICENSE NU	MBER 1852	29d, DATE SI	IGNEO (Month, Day, Year)
6	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	nt)				20.00
	PAOLA DEVO	REMDY		rens b	vry Rd	Myyti	Svill 4	1800 ZOD31
	31 DATE FILED (Ngoth, Day, Year)	1. 32 REGISTRAR'S FIGH	Wall by					

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	REGISTRAR 1. DECEDENT'S NAME (First,	Middle, Last)			CERTIF	IOAII	- 01	DLAI		2. DATE (REG. NO.	W.	YEAR 3	. TIME OF DEATH
	William H.									July	7 03,	1991		2:30 A. M
	4. SOCIAL SECURITY NUMBER		5. SEX 1 1 1		yrs. lest birthday)	IF UNDER	DAYB	HOURS	24 HRS. MIN.	7. DATE ((Month,	Day Year)	201	Country)	ACE (State or Foreign
	220-44-184				90 YRS.	9h CIT	/ TOWN (OR LOCATIO	ON OF DE		h 8 19		Penns	ylvania
The state of the s	17813 Vinya						wood		ON OF DE	-AIH			tgome	
	RESIDENCE OF DEC	EDENT				17533								
	10a. SYATE	10b. COUNTY				ry, TOWN		TION						Dd. INSIDE CITY LIMITS?
- 10	Maryland	Mont	gomery		וע	erwoo		f. ZIP CODE				10a CII		T COUNTRY?
	17813 Vinya	rd Lan	P					2085					ited S	
	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	XIX NO	13.	WAS DEC	CENDENT O	F HISPAN	NIC ORIGIN in, Puerto R	? (Specify Yes licen, etc.)		14. RACE -	- American Indian, White, etc.
ı	3XXWidowed 4 Divor													White
	(Specify only	DENT'S EDUC	completed)		16a. DECEDENT'S (Give kind of Ilia. Do NOT a	work done	during mo	ON ost of workin	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0- 12	12)	College (1-4 or 5 +	+)	Traffic		gine	er			City (Gove	rnment	
COMPLE	17. FATHER'S NAME (First, Mil							18. MOTI	HER'S NA	ME (First, A	fiddle, Malden	Sumame)		
	William B.									Kauf				
	Francine C.	1									er, City or Tow			F
				205	PLACE OF DISPO					cwood	, Mary		- City or Town	
	20s METHOD OF DISPOSITE 1 Donation 5 Other	Specify)	oval from State	Pa	other plece) arklawn	Memo	ria	1 Par	k					ryland
	21. SIGNATURE OF FUNERAL		ENSEE					NO ADDRE		CILITY				
1	1.8	. (7	21_		M0089	. 1	O F	Doo	~ D.		De Vol			ноте , MD 20877
CERTIFICATION	IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list condition in any, leading to immediate the condition of the condition in the condition of the condition in the condition of the c	ons,	Dehydr	ation	CONSEQUENCE	OF):								Onset and Death 3 days Week
	cause. Enter UNDERLY! CAUSE (Disease or Inju that initiated events resulting in death) LAS	ng		(OR AS A	stroke CONSEQUENCE Structi		ing (disea	ıse					many yrs
	PART II. Other significa	nt condition	s contributing to	death bu	it not resulting	In the u	nderivin	na ceuse	alven in	Part I.	24s. WAS AN	AUTOPSY	24b. V	VERE AUTOPSY FINDINGS
MEDICAL	generaliz										PERFOI		0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN.	25. WAS CASE REFERRED TO	MEDICAL					25. P	ACE OF D	FATH /C/	neck only on	e)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outor	ntient 3 DOA	OTHE	R:	****		6 Othe				
DI rui	27. MANNER OF DEATH 5 Netural 5	Pending rivestigation	28a. DATE OF (Month, D	FINJURY	28b. TI		28c. IN.	JURY AT ORK? YES 2		-	CRIBE HOW	INJURY O	CCURED	
3	3 Suicide 6	Could not be determined		OF INJURY , etc. (Speci	— Al home, farm	, street, fac	ctory, offic	ce			ATION (Street or Town, State)		er or Rural Ro	ute Number,
COMPLE	000)		CIAN: To the best of											and manner as stated.
	29b. SIGNATURE AND TITLE	OR CENTIFIED	w w	7 0		-			ENSE NU	MBER				Month, Day, Year)
	30. NAME AND ADDRESS OF	PERRON	O COMPILETO	1. 0.	THE STEEL AS T	- D/ "		D16	6409			,	July C	3, 1991
	Faruk Togo	Ozer,	M.D. 1	1125	Rockvi		Pike	Rock	cvil:	le, M	aryla	nd 20	0852	
	31. DATE FILED (Month, Day,		32. REGISTRA	Davido	ature Pandel	e								

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-	2
	ermit

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit part filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. OECEOENT'S NAME (First, Midd			77-1	1_					2. DATE OF MONTH	OEATH DA	W Y	ZEAR 3.	TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	lbert	F.	Vian							June 8 1991 10:00				
214-28-7683		SEX	6. AGE (In yr.	s. last birthday) YRS.	MONTHS	DAYS	HOURS	24 HRS. MIN.		Day, Year) Country)				
9e. FACILITY NAME (If not institution			- 05	Tho.	01.00				8-11-	-25	9c. COUNT	Maryl		
Anne Arundel	Medi		ter		96. CIT		apo1		EATH				del Cour	
10e. STATE 10b.	COUNTY	George'	s		Bowi		TION						d. INSIDE CITY LIMITS?	
12007 Millst	ream	Drive					715				10g. CITIZE	N OF WHA	T COUNTRY?	
II. MARITAL STATUS I Never Merried 2 Marri I Widowed 4 Olvorced		WAS DECEDENT FORCES? 1X IF YES, GIVE W	X YES 2	NO		Il yes, sp		n, Mexico	NIC ORIGIN? (in, Puerto Rici y:		or No.— 14	Specify:	American Indian, hite, atc.	
15. DECEDEN (Specify only high Elementary/Secondary (0-12) -12-		oleted) Hiege (1-4 or 5 +)	Give kind of life. Do NOT u	work done se retired.)	during mo	ast of workin	g	166. К	ering				
17. FATHER'S NAME (First, Middle,		known					16. MOTH		ME (First, Mid	de, Maiden Creig				
Shirley T. Via	rint)	Wife									n, State, Zip Co yland		.5	
toa. METHOD OF DISPOSITION Burlel 2 Dremetion 3 Donation 5 Other (Spec		from Stata	oth	er place)			ematory ar Alexandria, Virginia							
Beall Beall						Department of the property of								
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infileted events resulting in death) LAST			Dea	NSEQUENCE O	6	-	black							
PART II. Other eignificent c	donditions co	entributing to	death but r	not resulting	in the u	nderlyin	g cause (jiven in		e. WAS AN PERFOR	RMED?	AM CC OF	ERE AUTOPSY FINDS AILABLE PRIOR TO MPLETION OF CAUS DEATH?	
5. WAS CASE REFERRED TO ME EXAMINER? 1 VES 2 NO	H	OSPITAL:	/		OTHE	R:			neck only one)	e las				
7. MANNER OF DEATH 1 Natural 8 Pend	OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b.									□ Other (Specify) 8d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 6 Coul	Accident Investigation Suicide 6 Could not be Suicide 6 Could not be Suicide 10 City or Town State)							r Rural Rout	e Number,					
anal sing		: To the best of											nd manner ee state	
IN NAME AND ADDRESS OF PER	1	OMPLETED CAUS	BE OF DEATH	(ITEM 27) (Type	e, Print)		29c, LICE		MBER 374		29d. DATE !	SJANED (M	orith, Day, Year)	
31. DATE FILED (Month, Day, Year)	- fi	32. REGISTRA												

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Midda KAY	lle, Last) Ensio	VIRTA			2. DATE OF DEATH DA	ĭ7 9¶	3. TIME OF OEATH 5 16P M
4. SOCIAL SECURITY NUMBER 282-16-456	5. SEX 1 XXM 2 □ F	8. AGE (In yrs. lest birthday) 70 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 01-07-192	Cour	
99. FACILITY NAME (If not institution of PRINCE GEORGE RESIDENCE OF DECEDIOR O	'S HOSPITAL	CENTER	SE CITY, TOWN O	R LOCATION OF DE	EATH	PRINCE	GEORGE S
10a. STATE 10b.	county rince George		, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 4708 67th Ave		S IIya	101	ZIP CODE 20784		10g. CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marri 3 Widowed 4 Divorced	12. WAS DECEDENT	The state of the s	13. WAS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No- 14, RAG Bla	CE — American Indian, ck, White, etc.
15. DECEDEN (Specify only high Elementary/Secondary (0-12) 12th	IT'S EDUCATION est grade completed) Coflege (1-4 or 5+ 4 yrs.	16a. DECEDENT'S (Give kind of w		N st of working		ceanogra	phic Office
17. FATHER'S NAME (First, Middle, Walter Tahtiv					ME (First, Middle, Maiden Riutta		
19a. INFORMANT'S NAME Apper		The second secon			Route Number, City or Town		20784
20a. METHOD OF DISPOSITION 1 Burlal 2 X/Cremation 4 Donation M Other (Special	Removal from State	20b. PLACE OF DISPOS other place)	SITION (Name of cen	netery, crematory or	20c, LO	CATION — City or	Town, State
21 SIGNATURE OF FUNERAL SEI	RVICE LICEASEE	Metropoli	FRANC	IS GASCH	S SONS FU	NERAL HO	
IMMEDIATE CAUSE (Final disease of condition resulting in death) Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. Nyme to	(OR AS A CONSEQUENCE OF	lui Co	dendo	a James		Onset and Death 24his
PART II. Other significant of	and and	deeth but not resulting		g cause given in		MED?	Nb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 DOA	OTHER:	ACE OF DEATH (C)	eck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pend	28a. DATE OF (Month, D	INJURY 28b. TIM	E OF 28c. INJ		28d. DESCRIBE HOW I	NJURY OCCURED	
3 Suicide 6 Coul	28e. PLACE O	F INJURY — At home, farm, a etc. (Specify)	street, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Flura	I Route Number,
one)	NG PHYSICIAN: To the best of a						e(a) and manner as stated.
296. SIGNATIVITE AND THE OF	CERTIFIER	0		Do 13	MBER 3 2	29d. DATE SIGNI	ED (Month, Day, Year)
SE NAME AND ADDRESS OF PER	RISON WHO COMPLETED CAUS	SE OF DEATH (ITEM 27) (Type)	Print) Md		TE		-
JUN 20 91	Julia Davida	Andre					

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Filours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

INPORTANT: It lem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

3. TIME OF DEATH

9:00

YEAR

1991

Hazelle

Weingarten

(AKA Hazel)

2. DATE OF DEATH MONTH DAY

July

2,

au or attending physician. It is not be set to be set to be should the use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be ref. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 may within 72 hours after death with the State Dest of Health and Marial Molene prior to burial, cremation, or removal.

1 21203-3146

BALTIMORE, MA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

99. FACILITY NAME (If not institution, give street end number) 99. FACILITY NAME (If not institution, give street end number) 99. COLLINGSWOOD NUTSING Center RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland Montgomery 100. STATE 100	New York						
Collingswood Nursing Center RESIDENCE OF DECEDENT 10e. STATE 10							
10s. STREET AND NUMBER 4623 Holly Road 10s. STREET AND NUMBER 4623 Holly Road 11s. WAS DECEDENT EVER IN U.S. ARMED 11s. MARITAL STATUS 11st Never Merried 12st Merried 15st Never Never Merried 15st Never Merried 15st Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never N	9c. COUNTY OF DEATH						
10s. STREET AND NUMBER 4623 Holly Road 10s. STREET AND NUMBER 4623 Holly Road 11s. WAS DECEDENT EVER IN U.S. ARMED 11s. MARITAL STATUS 11st Never Merried 12st Merried 15st Never Never Merried 15st Never Merried 15st Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never N	tgomery						
106. STREET AND NUMBER 4623 Holly Road 11. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED 13. Widowed 4 Divorced 14. Was DECEDENT OF Hispanic Origin? (Specify Yee or No— 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) Andrew Kehoe 19. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip One and the state of the	10d. INSIDE CITY						
10s. STREET AND NUMBER 4623 Holly Road 10s. STREET AND NUMBER 4623 Holly Road 11s. WAS DECEDENT EVER IN U.S. ARMED 11s. MARITAL STATUS 11st Never Merried 12st Merried 15st Never Never Merried 15st Never Merried 15st Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never Never Merried 15st Never N	LIMITS?						
Specify: Specify:							
Specify: Specify:	ted States						
Specify: Specify:	14. RACE — American Indian,						
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Specify:							
Elementery/Secondary (0-12) 8 College (1-4 or 5+) 8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) Andrew Kehoe 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip O	White						
8 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) Andrew Kehoe 190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Pural Poute Number, City or Town, State, Zip O	JSTRY						
Andrew Kehoe Anna Jones 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Pural Pouts Number, City or Town, State, Zip C Roselyn Fox 4623 Holly Road, Rockville, Maryland							
Andrew Kehoe Anna Jones 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Pural Pouts Number, City or Town, State, Zip C Roselyn Fox 4623 Holly Road, Rockville, Maryland							
196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Paral Route Number, City or Town, State, Zip C							
Roselyn Fox 200. METHOD OF DISPOSITION 1\text{2 Burlet 2 \cap Cremetion 3 \cap Removal from State}} \text{200. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \text{200. Location - Continuous of their place}} \text{200. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \text{200. Location - Continuous of their place}} \text{200. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \text{200. Location - Continuous of their place}} \text{200. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)} \text{200. Location - Continuous of their place}} \text{200. Location - Continuous of their place}} \text{21. Signature of Funeral Service Licensee}} \text{M00381} Robert A. Pumphrey Funeral Howard Robert A. Pumphrey Funeral Howard Robert A. Pumphrey Funeral Howard Robert A. Pumphrey Funeral Howard Robert A. Pumphrey Funeral Howard Robert A. Pumphrey Funeral Howard Robert Robert A. Pumphrey Funeral Howard Robert Robe	Code)						
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## Donation 5 Other (Specify) Ferncliff Cemetery Hartsdale	Sty or Town, State						
Barbara Mondalen Sawrence 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Ho Rockville, Inc. 300 West Mon Avenue, Rockville, Maryland	e, New York						
Rockville, Inc. 300 West Mor Avenue, Rockville, Maryland	ome/						
	ntgomery 20850-2805						
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrespiratory street above. Or heart fellure. Liet only one cause on each line.							
THE PROJECT SAME (I) For PRINCIPLE AND ADDRESS OF PROPERTY OF MACHINE AND ADDRESS OF PROPERTY OF MACHINE AND ADDRESS OF PROPERTY AND ADDRESS OF PROPER							
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Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):	Conf Fem						
couse. Enter UNDERLYING	Long term						
thet initiated events DUE TO (OR AS A CONSEQUENCE OF):							
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
B & Provin CVA aphona, bullight TIA'S, 10 YES 20(NO	COMPLETION OF CAUSE						
8 4 nursing home for 7 yrs, hypertensive carolis-							
z varalar discere,							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? EXAMINER? EXAMINER? EXAMINER?							
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(Month, Day, Year) INJURY WORK?							
2 Accident Investigation 2 Accident Investigation 2 Se. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number of	or Rural Route Number						
c City or Town, State)							
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) and menner as state	ed.						
(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the							
96. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE	E SIGNED (Month, Day, Year)						
D13832 > 3	3 July 91						
	nd 20832						
JUL 8 91 June variables							

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the attending physician Mental Hygiene prior tr

been signed by the pt. of Health and N

certificate has been the State Dept. o

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requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after dea IMPORTANT: If Item 28 is m

OR	
RAL DIRECT	
ETED BY FUNERA	
E COMPLETED	
TO BE	

FOR STATE REGISTRAR

215-72-0290

10a STATE

Maryland

11. MARITAL STATUS

10. STREET AND NUMBER

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19733 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY Douglas Maurice Washington, Sr. June 28, 1991 2:55 PM 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF INDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Foreign DAYS HOURS 1 🖾 M 2 🗌 F 30 YRS. Nov. 19,1960 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATN 9b. CITY. TOWN OR LOCATION OF DEATN Washington County Hospital Hagerstown Washington County RESIDENCE OF DECEDENT 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Gaithersburg Montgomery 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? 101, ZIP CODE 100 Duvall Lane 20879 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TYES 2 X NO Specify Specify: 3 Widowed 4 Divorced Black 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION lecify only highest grade complete 16h. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 6+) Driver Auto Dealer 17. FATNER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Waters Washington Helen Washington 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen Washington 100 Duvall Lane, Gaithersburg, Maryland 20879 20a. METHOD OF DISPOSITION
1 Burial 2 X Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name 7-2-91 20c. LOCATION - City or Town, State Crematorium, Inc. Bethesda, Maryland 4 ☐ Donation 8 ☐ Other (Specify) Montgomery 22. NAME AND ADDRESS OF FACILITY Robert A. Pumphrey Funeral Home/Rockville, Inc. 300 West Montgomery M00689 Avenue, Rockville, Maryland 20850-2805 Approximate Interval Retween Onset and Death SOSTVO 4 2 DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):

21. SIGNATURE OF FUNERAL SERVICE LICENSEE offe 23. PART I. Exist the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, phoca, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions. if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 TO NO 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Stripation 2 ER/Outpatient 3 DOA OTHER: 1 - YES 2 X NO 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 28b. TIME OF 1 X Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Nomicide 29s. CERTIFIER 1 🗵 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

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32. REGISTRAR'S SIGNATURE

2 MEDICAL EXAMINER: On the besie of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)

WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON

AHERO un) 0/0 \$1. DATE FILED (Month, Day, Year)

29b. SIGNATURE AND TITLE OF-CERTIFIER

Julia Davidson Mandall.

	FOR	
	STATE	
-	DECIETRAD	

CTATE OF MADVIAND / DEPARTMENT OF BEATTH AND MENTAL BUCKENE

- STATE REGISTRAR		SIMIE UF I		ERTIF	ICATE O	F DEATH	MEM	REG. NO					
1. DECEDENT'S NAME (First,	Middle, Last)		10.79	17/	The same		2. DAT	E OF DEATH	MY	YEAR	3. TIME	OF DEATH	
Harry	Wil	lliam	Wood	ds_			06	30_	199		9:2	20	P
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR			E OF BIRTN		8. BIRTI	HPLACE (S	State or Fore	ign
232-78-55	552	ty⊈M 2 □ F	43	YRS.	MONTHS DAYS	HOURS MIN.	Ma		1948			t VA	
a. FACILITY NAME (If not in	stitution, give s	street and number)	A	15	96. CITY, TOW	OR LOCATION OF	DEATN		9c. COU	NTY OF E	DEATH		
1000 blk. R	ockvil	lle Pike			Rock	cville			Mont	o Ome	vv		
RESIDENCE OF DEC	10b. COUNT									6		IDE OUT	_
					TY, TOWN OR LOC						LIM	RIDE CITY	
Maryland	IAI	ontgome	ry	1	Rockvil						1	S 2 N	0
O. STREET AND NUMBER	1	_				10f. ZIP CODE			10g. CIT	ZEN OF	WHAT COL	JNTRY?	
214 Eliza	apetn					2085				USA			_
1. MARITAL STATUS Never Married 2 Widowed 4 Divo			NT EVER IN U.S. AR I YES 2 2 1 MAR OR DATES		if yes,	ECENDENT OF NISP apacify Cuban, Mexi ES 25 NO Spec	can, Puert		e or No	Blec	k, White,	lcen Indian atc. Lack	,
	EDENT'S EDU		16a. DE	CEDENT	S USUAL OCCUPA work done during	TION	1	66. KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary (0	1	College (1-4 or 5	lite	. Do NOT L	use retired.)	most or working							
llth				Lab	orer								
. FATHER'S NAME (First, M	liddle, Last)	V = 1 = -				18. MOTNER'S I	AME (First	t, Middle, Malde	n Surname)				
Joseph C.	. Woo	ds				Grad	cie	Walke	r				
a. INFORMANT'S NAME (b. MAILIN	O ADDRESS (Street	et and Number or Run	Il Route Nu	mber, City or To	wn, State, Zi	p Code)			
Thomas L.	. Woo	ds (Bro	.)	1242	Wilsh	ire Dr.	. Н	erndo	n. V	A 2	2070)	
. METHOD OF DISPOSIT			20b. PLACE	AND DAT	TE OF DISPOSITI	ON (Nome	D	TE 20c I	OCATION -	City or T	own State		_
Surial 2 □ Crematic Donation 5 □ Other		noval from Stata	of cemetary	cremator	Park	Cemete	~V	R	ocky	111	0 N	(ID	
SIGNATURE OF FUNERA		реукее /	1		22. NAME	AND ADDRESS OF	FACILITY					117	
Mon	NO. 11	Atte	ando	11	SNC	WDEN FU	JNER	AL HO	ME,	P.A	•		
4 900 0	Ju 1	Dog	ruae	u	ROC	KVILLE,	, MD	2085	0				
resulting in death) Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing ury	b	O (OR AS A CONSE	OUENCE	OF):	in E							
esuiting in deetil) LAS		d		100									_
PART II. Other significa	ent conditio	one contributing to	o deeth but not	resulting	In the underly	ring cause given	In Part I.	24a. WAS A PERFO 1 PYES	N AUTOPSY ORMED?	24	COMPLE OF DEAT	UTOPSY FIN BLE PRIOR T ETION DF CA TH? ES 2 N	O NUSE
5. WAS CASE REFERRED 1	TO MEDICAL			20.1	26	PLACE OF DEATN	'Check only	one)			_		
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 [] DOA	OTHER:	iome 5 🗆 Resident	n ADIO	ther (Sneath)	on	stre	er		
7. MANNER OF DEATN		28e. DATE C		28b. TI		INJURY AT		DESCRIBE NOW					_
1 Natural 5	Pending	06 3	Day, Year)		16PM 1	WORK? YES 2 XNO		dstria	n str	uck	by n	notor	
2 Accident	Investigation	28e, PLACE	OF INJURY — At h		-0-			ehicle	t and Numb	er or Rura	l Route Nur	mbec	_
3 Suicide 8 4 Homicide	Could not be datarmined	building	, atc. (Specify)	,	,,		C	ity or Town, Sta	(e)				
e. CERTIFIER			street				10.00	0 blk.			Le Pi	.ke	_
(Check only		SICIAN: To the best of									e(a) and me	enner aa st	nted
BE SIGNATUR AND TITL	E OF CHATTIFIE	2			77	29c. LICENSE I	NUMBER		29d. DA	TE SIGNE	D (Month,	Day, Year)	
/1	~	ZYX)	~	24	100	0.C.	M.E.	.E. ▶ 07			01	199	1
OO. NAME AND ABDRESS O	F PERSON W	THO COMPLETED CA	USE OF DEATH (IT		111111111111111111111111111111111111111	n Street,		timore	Mary	land	1 212	201	
31. DATE SILED Month, Day	91		MR'S SIGNATURE	plans.									

use as the burial-transit permit. Pages 1. 2, 3 should r attending physician. BALTIMORE, MARYLAND 31215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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LA RECORDS, P.O. BOX 68760, BALTIMORE, WARYLAND 21215-0020 law requires that the death certificate be executed within 24 yours after death. Page 6 may be interested to a strength or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 mounts, find the last build be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 mounts as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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m1,18,Film677,7/2 Daug: FOR STATE						MENTAL HYGIEN		91	1973
REGISTRAR			ERTIF	ICATE O	F DEATH	REG. NO		3.	TIME OF DEATN
Emma Geraldi	e WII	SON				JUNE 27,	1991	YEAR	11:07 P.
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	est birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		. BIRTNPL.	ACE (State or Foreign
236 52 0491	1 M 2 X F	68	YRS.	MONTHS DAY	B HOURS MIN.	08/29/22	V		Virginia
9a. FACILITY NAME (If not institution, give :	street and number)	2.44		9b. CITY, TOW	N OR LOCATION OF D	EATN	9c. COUNT		
DOCTORS COMMUNITY		L		LANHA			PRINC		ORGE'S
	e George	5		tland,	Maryland				d. INSIDE CITY LIMITS? YES 2 NO
2302 Brooks Driv	e Apt.	101			20746		1		tates
11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		If yes,	DECENDENT OF NISPA specify Cuban, Mexico (ES 2 1 NO Specific			A. RACE — Bleck, V Specify: 1ack	American Indian, thite, etc.
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)		+)				166. KIND OF BU	SINESS/INDU	STRY	
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maider	Sumamel		
ROBERT L. STEVENS	S				MARTH		Cetta	Lewis	5
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Stre		Route Number, City or Tox			
REGINA WILSON	(DAUGHTE					,Suitland,			
20e. METHOD OF DISPOSITION (○○○ Suriel 2 □ Cremation 3 □ Ren 4 □ Donation 5 □ Other (Specify)	noval from State			E OF DISPOSITI		OATE 20c. LOY 7/3/ LIN	COLN M		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	- I LINC	OLN F	_	AND ADDRESS OF F		COLN P	LEMOK	IAL CEM.
· Alex &	1. Port	els	M859	ALE	XANDER S.	POPE FUNE vania Aven	RAL H ue,SE	OME DC 2	0020
23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	List only one ca	use on each III	ne.	in Fa	relece			st,	Approximate Interval Betwee Onset and Desi
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a for	O (OR AS A CONS	DEOUENCE O	ety	Carlo	anch Carech	Dea	'	
resulting in deeth) LAST	d. Xh	Rud	00	c wice.					
PART II. Other eignificant condition	ns contributing t	o deeth but no	t resulting	In the underf	ying cause given in		RMED?	A C	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20	. PLACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Nome 5 - Residence	8 Other (Specify)			
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE ((Month,	Day, Year)	28b. TIA	JURY	NJURY AT WORK?	28d. DESCRIBE NOW	INJURY OCCU	JREO	
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE building	OF tNJURY — At	home, farm,	street, factory, o	office	28f. LOCATION (Street City or Town, State		r Rural Roo	ite Number,
one)						e to the cause(e) end m			and manner ee stated.
29b. SIGNATURE AND TITLE OF COMPANY	ack f	eea	-		29c. LICENSE NO	IMBER 1415	29d. DATE,	SIGNED (A	Jegin, Day Your)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED OF	USE OF DEATH (I	1	e, Print)	106 015	SLUEA	HILL	po,	×15
31. DATE FILED (Month, Day, Year)	32. REGIST	AP'S SIQNATOR		Tone	ESTIVILLE	- UMS	ma)	21	191

31. DATE FILED (Month, Day, Year)

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	I WA		CATE OF TH M. WA		2. DATE OF DEATH ON TUNE		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 578-48-36/8	1 🗆 M 2 💢 F	73 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 7 (Month, Day, Year)	17 WASI	HINGTON DC
9a. FACILITY NAME (If not institution, give s PINE VIEW RESIDENCE OF DECEDENT	MANOR	>	CLIN	TON,	ND	9c. COUNTY OF I	DEATH
	v ONE		TOWN OR LOCAT	ON DC			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
#20 R STREET	N.W.			20001		UNITE	D STATES
11. MARITAL STATUS 1 Never Married 2 Marriad 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 1 YE IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		NC ORIGIN? (Specify Ya n, Puerto Rican, etc.) y:	Spec	E - American Indian, ck, White, etc. city: ACK
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use HOMEMA)	ork done during mo retired.)	ON ost of working	16b. KIND OF BU	E	
17. FATHER'S NAME (First, Middle, Lest) RALPH WADE				18. MOTHER'S NA EDNA	ME (First, Middle, Maiden MITCHELL	Surnama)	
19a. INFORMANT'S NAME (Type/Print) BARBARA MINNICK					Route Number, City or Tow N DR TEMPL		MD 20748
20s. METHOD OF DISPOSITION 14. Burlal 2 Cremation 3 Rest 4 Donation 5 Other (Specify)	noval from Stata	206. PLACE OF DISPOSI Other place) MT OLIVET		RY		HINGTON I	
21. SIGNATURE OF FUNERAL SERVICE LI							
23. PART I. Enter the diseases, or shock, or heart feilure.	complications that cau	M859 sed the death. Do no	2617	PA AVE S	POPE FUNER SE WASH DC	2002	Approximate Interval Between
23. PART I. Enter the diseases, or	complications that cau List only one cause of B. DUE TO (OR A DUE TO (OR A	sed the death. Do no	ALEXA 2617 ot enter the mo	ANDER S F PA AVE S ode of dying, suc	POPE FUNER SE WASH DC	20020 Piratory srrest,	Approximate Interval Between
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at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 in TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direction be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must

1. DECEDENT'S NAME (Fit	I ARTI		GOTT	FRIED	WHITE		00		2. DATE	OF OEATH	ĩ	YEAR	3. TIME OF DEATH 3
4. SOCIAL SECURITY NUI	IBER	5. SEX		s. lest birthday)	IF UNDER 1		IF UNDER 24		7. DATE (OF BIRTH , Day, Year)		6. BIRTI	HPLACE (State or Foreign
214 03	0504	1 🔯 M 2 🗆 F	73	YRS.	MONTHS E	DAY8	HOURS	MIN.	March	20,	1918	Mar	yland
9a. FACILITY NAME (If not	institution, give s	street and number)			9b. CITY, T	OWN O	R LOCATION	OF OEA	ATH	-	9c. COU	NTY OF C	DEATH
Anne Arund		eral Hos	pital		Anna	apo.	lis				Anne	Aru	ndel
RESIDENCE OF DE	10b. COUNT			140.00	TY. TOWN OR	LOCAT	TON.						10d. INSIDE CITY
Maryland		Arundel		B/31_	.,	LOCAL	1014						LIMITS?
10e. STREET AND NUMBE		Arunder		па	rwood	106	ZIP CODE	_			I so cir	175N OF 1	1 X YES 2 NO
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3 Widowed 4 Di	vorced	Yes, W			1	N	2 NO	Specify:				Whi	
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17. FATHER'S NAME (First,	Middle, Last)			17.71			16. MOTHE	R'S NAM	AE (First, A	Aiddle, Maiden	Surname)		
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19e. INFORMANT'S NAME				Bullion Agent	G ADDRESS (
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Listia Davidson Mandelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 ma	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 ment to detach a state and the form of the state of the state of the state and	me med within 12 indus are used must be come copy. Or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AFON 50 JUN 27 91

32. REGISTRAR'S SIGNATURE

a Davidson-Randell

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF					REG. NO.		91	1913
1. DECEDENT'S NAME (First, Middle, Lest) BRIAN	Douglas V	Vilson				2. DATE MONTH	-		YEAR	TIME OF DEATH 6PM M
	5. SEX 6. AG	E (In yrs. lest birthday) 27 YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	8/2	OF BIRTH 1, Day, Year) 2/63		Virg	
9a. FACILITY NAME (If not institution, give stre PRINCE GEORGES		CENTER	9b. CITY		EVERLY	ATH			VCE G	EORGES
	e Georges		y, town o	11					1	d. INSIDE CITY LIMITS? YES 2 NO
	12. WAS DECEDENT EVER			WAS DEC	20745 ENDENT OF HISPAN			Unit	ed S	tates American indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYPES GIVE WAR OF	s 2 INO BATES 983			ecity Cuban, Mexica 2 ⊠ NO Specifi		ncen, atc.)	- 1	Specify: Blac	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	TION ompleted) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the Do NOT use Telepho	work done se retired.)	during me	on est of working hniciar		. KIND OF BU Tech		JSTRY	
17. FATHER'S NAME (First, Middle, Lest) Thurman Wilson					Annie				on	
196. INFORMANT'S NAME (Type/Print) Annie Wilson					St. Te					0748
20e. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	ral from State	Mary Land	SITION (N	eme of ce	motory, cromatory or an Ceme	ter		lten		
21. SIONATURE OF TUNERAL SERVICE LICE	dward	s)			old Si					wards t.Md.
23. PANT. Enter the diseases, or co shock, or heart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	at only one cause or	FARCT OF	RT C					iratory am	eat,	Approximate Interval Between Onset and Death
Sequentially list conditions,	CE	S A CONSEQUENCE OF REBRAL ED	EMA	W/ H	IERNIATIO	N				
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		S A CONSEQUENCE O								
that initiated events resulting in death) LAST										
PART II. Other significent conditions	contributing to dest	h but not resulting	In the u	nderlylr	g ceuse given in	Part I.	24a. WAS AI PERFO	BMED?	Al Ci	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF DAUSE F DEATH? VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMPLER?	HOSPITAL:		OTHE		LACE OF DEATH (C	heck only o	ne)			
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2 Accident Investigation 3 Suicide 6 Could not be dataprified	26e. PLACE OF INJ building, atc. (5	JRY — At home, farm, Specify)	street, fac		YES 2 NO		CATION (Street or Town, State		or Rural Rou	te Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF STREET OF	IAN: To the beat of my ki	The same of the same					1- 11-5			nd manner as stated.
29b. SIONATURE AND TITLE OF CERTIFIER	lee, mis				29c. LICENSE NU	MBER				forth, Day, Year)

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

CERTIFICATE OF DEATH REG. NO.	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN	_	
1. DECEDENT'S NAME (First, Middle, L SAMU		WATSON				5 19	3. TIME OF DEATH 91 8:30 A M
4. SOCIAL SECURITY NUMBER 220-16-8393 98. FACILITY NAME (If not institution, g	1 M 2 F	67 YRS.	IF UNDER 1 YEAR NONTHS DAYS 9b. CITY, TOWN C	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 8 192		HRTHPLACE (State or Foreign country) LY 12nd OF DEATH
REGENCY NURSING	HOME	F	ORESTVI	LLE		PRINCE	GEORGE
10a. STATE 10b. CO			TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER 7420 Marlboro P				ZIP CODE		10g. CITIZEN USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No 14.1	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION trade completed) College (1-4 or 5+)	Ille. Do NOT use	ork done during mo retired.)	st of working		ISINESS/INDUST	RY
12 17. FATHER'S NAME (First, Middle, Less)	l producti	on fore		ice crea		stry
Samuel 190. INFORMANT'S NAME (Type/Print)	Watson	19b. MAILING A	ADDRESS (Street e		e Cattert Route Number, City or Tox		(6)
Linda Barnes 20s. METHOD OF DISPOSITION 1 Divised 2 © Cremetton 3 Divised 2	20	Gardin			2 Waldorf	MD 206 OCATION — City	
4 Donation 6 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE	1	letropolit	Rober	t E. Wi			_
23. PART I. Enter the diseases, shock, or heart fall time. The condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. RENAL FAII DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF	h rep mi		on secesimal or resp	matory arreat,	Approximate Interval Betwee Onset and Deat SEV. YRS
PART II. Other aignificant cond	d	but not resulting in		g cause given i	PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDING: AMILABLE PRIOR TO COMPLETION OF CAUSE
ARTERIOSCL	EROTIC HEART I	DISEASE			1 Q YES	2 <u>J.</u> NO	OF DEATH? 1 ☐ YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER:	ACE OF DEATH (C	theck only one) 8 Other (Specify)		
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigat	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	URY AT PRIC? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
3 Suicide 8 Could no 4 Homicide determine	t be building, etc. (Sp	IY — At home, farm, st ecity)	treet, factory, offic	•	281. LOCATION (Street City or Town, State	t and Number or F e)	Rural Route Number,
(onder only	HYSICIAN: To the best of my kno MINER: On the basis of examinat						ouse(a) and manner as stated.
29b, SIGNATURE AND TITLE OF CER	reg tale	M.P.		29c. LICENSE N		29d. DATE SI	GNED (Month, Day, Year) 6/91
R.M. Nedzbala	, M.D. 11701	Livingsto		Fort Wa	shington M	D 20744	
JUN 18 91	Julia Davidson-A						

BALTIMORE, MARYLAND 21203-3146

Õ	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 2 - Jurs after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	Oval	je:	-
_	ITS 3	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	
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DIVISION OF VITAL RECORDS, P.O. DOA 13146,	oct o	De De	Duna	읟	
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	HEGISTHAN											·		
•	1, DECEDENT'S NAME (First,		MINNIE		WHIT	E				2. DATE O	F DEATH	AY 5 -	YEAR	3. TIME OF DEATH AM
	4. SOCIAL SECURITY NUME		5. SEX		s. last birthday) IF UNDE	R 1 YEAR	IF UNDER	9 24 HRS.	7. DATE O	F BIRTH		8. BIRTHP	LACE (State or Foreign
	577-12-48		1 □ M 2 🔀 F	82	YAS.	MONTHS	DAYS	HOURS	MIN.	(Month, June	17,	1908	Country)	
	9a. FACILITY NAME (If not in		treet and number)			9b. CIT	r, TOWN C	R LOCATI	ION OF DE				NTY OF DE	
DIRECTOR	Hill Haven		ng Home			Ad	le1ph	i				Pri	nce (George's
<u>≅</u>	10a. STATE	10b. COUNT	Y		10c. C	TY, TOWN	OR LOCAT	ION		_				10d. INSIDE CITY LIMITS?
	Maryland		e George	¹s	Mt	. Rai								1 X YES 2 - NO
FUNERAL	10e. STREET AND NUMBER						101	ZIP COD				-		HAT COUNTRY?
NE	4508 32nd	Street	12. WAS DECEDE		101450	- (40	W# 0 DEC		712	HC OBIONIC	(Specify Ye	U.S		- American Indian,
	1 Never Married 2	Married	FORCES?	YES 2	□ NO	13.	If yes, sp	ecify Cubi	an, Mexica	n, Puarto R		* OF 140	Black, Specify	White, atc.
BY	3 X Widowed 4 Divo	If YES, GIVE WAR OR DATES 1 YES 2 NO Specify: NO White												
COMPLETED	15. DEC (Specify onl	EDENT'S EDU ly highest grade	CATION completed)	184	Give kind	'S USUAL Of work done	during mo	ON ist of worki	ing	16b.	KIND OF BU	ISINESS/IN	DUSTRY	
Ę	Elementary/Secondary (0	0-12)	College (1-4 or 5		Secre					Tn	niran	ca Ra	tina	Bureau
S	17. FATHER'S NAME (First, M	fiddle, Last)			DECTE	cary		18. MOT	HER'S NA		iddle, Maider		CING	Duleau
	George Rob	ert Fo	dder					St	:e11a	Man	da He	uge1		
BE	19a. INFORMANT'S NAME (Type(Print)			19b. MAILH	NG ADDRES	S (Street a	and Numbe	or or Rural	Route Numb	er, City or Tov	vn, State, Zij	Code)	-
임	John Arthy				4508					Rain				
	20a METHOD OF DISPOSIT	on 3 Ram	noval from State	20b. PL	ACE OF DISP ner piace) John	OSITION (N	lame of ce	metery, cre	matory or	3			City or Tow	
	4 Donation 5 Donat	r fSpapity)		St.	John								ille	
	21.1419 (51011)	1/ /	13	D										ME, P.A.
	1 100	K/C	1101	Than	my	_								0. 20781
	23. PART i. Enter the d ahock, or h		List only one ca			o not ente	r the mo	ode of dy	ying, suc	n as card	lac or reap	oratory ar	rest,	Approximate interval Between
- [iMMEDIATE CAUSE (Fit disease or condition	nal	DAI	EUMO	AL A									Onset and Death
	resulting in death)	\rightarrow	8.	O (OR AS A CO		OFI:								
_		_	. CV		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. 01).								
흔	Sequentially list condit if any, leading to imme		U	OR AS A CO	NSEQUENCE	OF):								
<u>ა</u>	cause. Enter UNDERLY CAUSE (Disease or inju		c	OR AS A CO										
CERTIFICATION	that initiated events resulting in death) LAS	ST T	DUE IC	OH AS A CO	NSEGUENCE	OF):								į
B			d,											
	PART II. Other aignific	ent conditio	ns contributing to	o death but	not reaultin	ig in the u	inderlyin	g cause	given in	Part I.	24a. WAS A	N AUTOPSY RMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
MEDICAL										- 1	1 TYES	2 LNO		COMPLETION OF CAUSE OF DEATH?
										-				1 YES 2 NO
AN	25. WAS CASE REFERRED	TO MEDICAL	1				26. P	LACE OF	DEATH /C	heck only on	e)			
PHYSICIAN:	EXAMINER?		HOSPITAL:	☐ ER/Outpetle	nt 3 🗆 DO/	OTHE 4 K N	R:		ce	8 🗆 Other	2 0000000			
H	27. MANNER OF DEATH		28a. DATE C		1	TIME OF	28c. IN	JURY AT			CRIBE HOW	INJURY O	CCURED	
ВУ Р	1 Natural 8 2 Accident	Pending Investigation	(Moral),	Day, reer)		M		YES 2	□ NO					
	3 Sulcide 6			OF INJURY g, etc. (Specify)		m, street, fe	ctory, offi	ce			ATION (Street or Town, State		er or Rumi R	loute Number,
ETE	4 Homicide	detarmined												
APL	(Crieck Only		SICIAN: To the best											
COMPLETED				examination ar	nd/or investig	ation, in my	opinion,				and place, a) and menner as stated.
BE (29b. SIGNATURE AND TEL	OF CERTIFIE	ER						CENSE NU	563	2	29d. DA	TE SIGNED	(Month, Day, Year)
10	30. NAME AND ADDRESS O	DE PERSON W	HO COMPLETED CA	USE OF DEATH	(ITEM 27) (VDe. Printi							011	2///
	CHARLES	138	NNER I	UD	1116	1 100	SW	HAn	1PSt	LIRE	- 5	LVE	RSP	RG 20904
	JUN 18 91	r, 10ar) ∢	Francis Taris	RAR'S SIGNATU	UNE.									
		0		- Nation	1	3								DHMH-18 Rev 1/8
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <a -="" 5="" 6="" after="" an<="" and="" as="" attending="" be="" been="" between="" burial,="" burial-transit="" by="" certificate="" completely="" cours="" cremation,="" death="" death.="" detached="" director,="" filled="" for="" function="" funeral="" has="" he="" hospital="" hygiens="" in="" law="" may="" merial="" of="" or="" page="" per="" physician="" physician.="" physician:="" prior="" removal,="" requires="" retained="" should="" signed="" state="" th="" that="" the="" thinker="" to="" use="" with="">
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		DEPARTME			MENTAI	HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last) GREGORY MA				2. DATE MONTH	OF DEATH	aje	a SO3 M		
	4. SOCIAL SECURITY NUMBER 5. SEX 5. AGE (In yrs. less	-	HDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	(Month	OF BIRTH D. Day, Year)	a	IRTHPLACE (State or Foreign ountry) ryland		
~	9a. FACILITY NAME (If not institution, give street end number)		CITY, TOWN O	R LOCATION OF	DEATH		9c. COUNTY OF DEATH			
DIRECTOR	Physicians Memorial Hospita	1	La Pl	ata			Charles			
REC	10e. STATE 10b. COUNTY		WN OR LOCATI	ON			10d. INSIDE LIMITS?			
	Maryland Prince George's	Sui	tland	ZIP CODE			10a CITIZEN	1 √ YES 2 NO DF WHAT COUNTRY?		
BRA	2311 Dupont Avenue		101.	20746			USA			
BY FUNERAL	11. MARITAL STATUS 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 1 YES 2 1 IF YES, GIVE WAR OR DATES 1		If yes, spe	ENDENT OF HISI city Cuben, Mex ZXXNO Spe	or No.— 14. I	RACE — American Indian, Black, White, etc. Specify: 11ack				
ETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) [See kind of work done during most of working [See kind of work done during most of work done during most of work done during most of work do									
COMPLET		nild/	Stude							
	17. FATHER'S NAME (First, Middle, Last)					Widdle, Maiden S				
BE	Calvin Eugene Williams 19a. INFORMANT'S NAME (Type/Print) 19	b. MAILING AOO	RESS (Street ar			G. Ha				
9	Veronica G. Hawkins	2311 D	upont	Ave.	. Sui	tland	. Md.	20746		
	20c. METHOD OF DISPOSITION VO/Burial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cametary, crematory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	st U M	C Ce	meter D AGORESS OF	FACILITY	_ I Bad	en, M	aryland		
	Iland M. Elia			ms Fu						
	23. PART I. Enter the diseases, or complications that caused the de shock, or feart failure. List only one cause on each line	ath. Do not a	ntar the mod	de of dying, s	uch as can	diec or respin	atory arrest,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final disease or condition Prounting fresh water Minutes									
	resulting in death) a. Due To (or as a consequence of):									
N	Sequentially list conditions, b. Our TO OR AS A COMPECUISNOS OF .									
ATIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	QUENCE OF):								
IFIC	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSE	QUENCE OF):								
CERTIFICATION	resulting in death) LAST		•							
CAL	PART II. Other eignificant conditions contributing to death but not	resulting in th	e underlying	cause given	In Part I.	24a. WAS AN A		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
					_	1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?		
. ME								1 YES 2 NO		
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF OEATH	(Check only o	ne)				
YSIC	1 YES 2 NO 1 Inpatient 2 ER/Outpatient	DOA 4		e 5 🗆 Residen						
	27. MANNER OF DEATH 280. DATE OF INJURY (Month, poy, Year) 1 Netural 5 Pending	28b. TIME OF	M 1 1	RK?	28d. DE	SCRIBE HOW IN	POE	EO		
ЭВУ	2 Accident Investigation 26e PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street			28f. LO	CATION (Street as or Town, State)	-	Rugal Floute Number,		
TEC	4 Homicide determined building, etc. (Specify)				Rt		ecaneli	e		
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dependence on the best of my knowledge, dependence on the best of examination and/or							suse(e) and manner as stated.		
BE	290. SIGNATURE AND TITLE OR CERTIFIER TO TO THE STATE OF COMMENT OF THE STATE OF T	nt of	nE	DA7	NUMBER 34G		29d. DATE SI	GNED (Month, Day, Year) 29 G		
ТО	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITE	EM 27) (Type, Prin	GRAT	A AV	ol .	20646	5			
	31. DATE FILED (Morith, Day, Year) 32, REGISTRAR'S SIGNATURE	ndalle		0						

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be fled within 72 hours after cleab with the State Debt. of Health and Menfal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netfilled at once.

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First Middle, Joseph).		CERTIFIC	ATE OF D		REG. NO.	0 0 1 1	COME OF BRITIS			
	15 10CV	5 D.	N	elch	MONTH DAY	1941	YITA				
	4. SOCIAL SECURITY NUMBER 578-62-1155	White Consumers			URS MIN.	DATE OF BIRTH (Month, Day, Year)	Country)	ACE (State or Foreign			
	Sh. FACILITY NAME (If not instruction in	#Marg ourness 1 05		b. CITY, TOWN ORL	DCATION OF DEATH	/14/06	Mary COUNTY OF DEA	and			
DIRECTOR	DOUBLE OF DECEDENT HOSPITAL CLINTON Prince										
		George	Clin				10d. INSIDE CITY LIMITS? 1 \(\text{Y} \text{ YES } 2 \text{NO} \)				
	100. STREET AND NUMBER 7520 Surratts Rd				0735	USA	TIZEN OF WHAT COUNTRY? USA				
DI PUNENAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, specify	ENT OF HISPANIC Cuben, Mexicon, F	ORIGIN? (Specify Yee or No uerto Rican, etc.)	Black,	14. RACE — American Indian, Black, White, etc. Specify:			
Comit Letter	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of wor	susual occupation work done during most of working serverind; nance&Cleaning D.C. Government							
	Unknown 17. FATHER'S NAME (First, Middle, Last)		- Hazireena			(First, Middle, Maiden Surna					
	Unkn	own		,		nown	me)				
2	19e. INFORMANT'S NAME (Type/Print)				lumber or Rural Rout	e Number, City or Town, Stat					
	Joseph R. Hill 5806 Fountain Rd. Oxon Hill, Md. 20745 200. METHOD OF DISPOSITION DATE OF DISPOSITION (Name DATE) 200. LOCATION — City of Town										
	1 Burlel 2 Cremation 3 Remo	eval from State	emetary, crematory of etropolit	an Crema	tory		ex. Vir	5 (0)/20			
	21. SIGNATURE WINERAL SERVICE LICE			22. NAME AND A	DDRESS OF FACIL	TY		14			
	23. PART I. Eafler the diseases, or co	also . h	As			Rd. Oxon Hi		20745			
CENTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
	PART II. Other algnificent conditions	contributing to death	but not resulting in	the underlying c	ause given in Pa	rt I. 24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDIN			
. MEDICA						1 Tes 2 1 N	ю	COMPLETION OF CAUS OF DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? ACCUSED: A										
	1 PYES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
	1 AYES 2 NO	28ª DATE OF IN HIRY	1 Natural 6 Pending (Month, Day, Year) INJURY WORK? M 1 YES 2 NO								
	1 AYES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	(Month, Day, Year)	INJU	M 1 YES	2 🗌 NO	2					
5	1 ☐ YES 2 ☐ NO 27. MANNER OF DEATH 1 ※ Natural 6 ☐ Pending	(Month, Day, Year)	Y — Al home, farm, str	M 1 YES	2 🗌 NO	Bf. LOCATION (Street end Ni City or Town, State)	umber or Runiil Ro	ute Number,			
0	1 Aves 2 No 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER Check only	(Month, Day, Year) 26e. PLACE OF INJUR	Y — Al home, farm, str	M 1 ☐ YES eet, factory, office at the time, date en	2 NO 2	81. LOCATION (Street end Ni City or Town, State) the cause(e) and manner a	es stated.				
O BE COMPLETED BY PRISICIAN.	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicident 3 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	(Month, Dey, Year) 28e. PLACE OF INJUR building, etc. (Sp CIAN: To the best of my kno R: On the basie of examinati	Y — Al home, farm, str scily) wiedge, death occurred on end/or investigation,	AY M 1 WORK' 1 □ YES eet, factory, office at the time, date en- in my opinion, deat	2 NO 2	BI. LOCATION (Street end Ni City or Town, State) the ceuse(e) end manner a na, date and place, and due	es stated.	and manner ee state			
SE COMPLETED DI	1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINES	26e. PLACE OF INJUR 26e. PLACE OF INJUR building, etc. (Sp CIAN: To the best of my kno R: On the basic of examinati COMPLETEO CAUSE OF O	INJUI Y — Al home, farm, str city) wiedge, death occurred on end/pr investigation,	AY M 1 YES eet, factory, office at the time, date en In my opinion, deat Arini) 23	2 NO 2 d place, end due to n occured at the time. LICENSE NUMBE 2	BI. LOCATION (Street end Ni City or Town, State) the ceuse(e) end manner a na, date and place, and due	es stated.	and manner ee state			

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be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, is	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, i be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

REGISTRAR		CERTIFIC	ALE OF DEATH	REG. NO).			
1. DECEDENT'S NAME (First, Middle, Last) MARIE	VONG M	larie Ethe	1 Wong	2. DATE OF DEATH MONTH D	TH DAY YEAR 3. TIME OF DEATH 13 - 91 12 450m N			
4. SOCIAL SECURITY NUMBER 227-18-9904			UNDER 1 YEAR IF UNDER 24 HR NTHS DAYS HOURS MIN	7. DATE OF BIRTH (Month, Day, Year)	Con	THPLACE (State or Poreign Intry)		
9a. FACILITY NAME (If not insplication, give street and number) PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGEST PR								
Maryland Pri	nce George's		own on Location apitol Height:	5	10d. INSIDE CITY LIMITS? 1 YES 2X NO			
10e. STREET AND NUMBER 702 Quarry Avenue		101, ZIP CODE 2074:	3	- 10	U. S. A.			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 📉 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	dcan, Puerto Rican, etc.)	Bi	14. RACE — American Indian, Black, White, etc. Specify:		
15. DECEDENT'S EDI (Specify only highest grad	JCATION e comoletedi	16a. DECEDENT'S US	UAL OCCUPATION	16b. KIND OF BU	ISINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Home Make	done during most of working etired.)	At Hor	me			
17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S	NAME (First, Middle, Maider	Surname)				
Luther	Evai	ns		Ester	Brya	nt		
19a. INFORMANT'S NAME (Type/Print)		DRESS (Street and Number or Ru	- minimum contract - F					
Laura Wong		702 Qua:	rry Ave., Capi	tol Heights	,Md.2074	3		
20g. METHOD OF DISPOSITION 14 Burlel 2 Cremation 3 Rer 4 Donation 6 Other (Specify)	noval from State	ob. PLACE AND DATE Of cemetary crematory or Mt. Olivet	other place) Cemetery	06-17	shington			
21. SIGNATURE OF PUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF 6633 Old Alex					
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events B. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant conditions	d. (SM)	*	the underlying cause given		PRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	(Check only one)				
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	1 Inpatient 2 ER/Os 26e. DATE OF INJURY (Month, Day, Year)	7 28b, TIME 0	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED)		
3 Suicide 8 Could not be determined	28a. PLACE OF INJUI building, etc. (S)	RY — At home, farm, streeoffy)	et, factory, office	261. LOCATION (Street City or Town, State		ral Route Number,		
CONTROL OFFIN			at the time, data and place, and in my opinion, deeth occured at			se(a) and manner as stated		
29b, SIGNATURE AND THE OF CERTIFI	me !	m20	29c, LICENSE	20132	1 6/	NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W	Tourse of	DEATH (ITEM 27) (Type, P	50 Penn Au	12. #18 1	Poper	Marlbox		
JUN 20 91	32. REGISTRAR'S SIG	SNATURE RANGE			mo	20112		

AN 19 '91

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BOX 68760,	
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DIVISION OF VITAL RECORDS, P.O. B	
DIVI	

	91-3258-033	ATITE OF 1									(3 [19744
	1 - STATE REGISTRAR	STATE OF M			ICATE				MENIA	REG. NO.	•		
	1, DECEDENT'S NAME (First, Middle, Last) ANDRO	С			WA	ARRE	EN		MONTI	MONTH DAY YEAR			3. TIME OF DEATH 12:50 AM
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	MIN.	(Monti	OF BIRTH 1, Day, Year) 1-70		Country	PLACE (State or Foreign
œ	SOUTHERN MARYI		PTTAL				OR LOCATI		ATH		PRIN		GEORGES
CTO	RESIDENCE OF DECEDENT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
DIRECTOR	MD P				y, town or location, WASHINGTON							10d. INSIDE CITY LIMITS? 117 YES 2 NO	
3AL	10e. STREET AND NUMBER					101	. ZIP COD	E	10g. CITIZEN OF				HAT COUNTRY?
NE	3304 stonebore RD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.							1744					.S.A.
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N					n, Puerto I			Black Specific BLA		
ED	15. DECEDENT'S EDU (Specify only highest grade	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			Work done	CCUPATION TO THE COURT OF THE C	DN out of worki	ng	16b	KIND OF BU			
COMPLETED	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) life.		N/A	k done during most of working retred.) A				N/	A		
CON	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
BE	WILLIAM WARRE												
10	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code) WILLIAM WARREN (FATHER) 3304 Stonebore RD FT. WASH? MD. 20744												
	20e. METHOD OF DISPOSITION 1	oval from State	20b. PLACE of cemetary	ANO DAT	y or other p	OSITION place)	(Nama		DAT	E 20c. LO	CATION — C	aty or To	wn, Stata
	4 Donation 6 Other (Specify)	CENSEE	FT	LIN	COLN	CE	METI	ERY	CHITY	Br	entw	ood	MD
	Pamer) E. Co	2.00.			22.					Moder N.W.	n fu	ner	al home
	23. PART I. Enter the disesses, or shock, or heert fellure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	List only one ceu		ه. مکل		the mo	S	ring, suc	h ss can	disc or respi	ratory erre	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST b. Due To (or as a consequence of): Due To (or as a consequence of): d												
MEDICAL C	PART II. Other significent condition	ns contributing to	death but not	resulting	In the u	nderlyin	g cause	given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH			
													OF DEATH? 1 PYES 2 □ NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF	DEATH (Ch	neck only o	ne)	-		
SIC	EXAMINER? 1 Xyes 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHE		ne 5 □ R	lesidence	6 🗆 Oth	er (Specify)			
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 6 Pending	28e. DATE OF (Month, D	INJURY 19. 1647) 5-1991		ME OF	26c. IN. W	JURY AT ORK? YES 2	X NO		JECT	SHO'I		0 -
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Shomicide determined	28e. PLACE O	F INJURY — At he etc. (Specify)		street, fac			4	28f. LO	CATION (Street or Town, State	and Number	or Rural I	
E	29s. CERTIFIER	NOIAN, To the house	- Lands 4			Man - 4						_	A SENIE
COMPLETED	Check only 1 CERTIFTING PHYS	ER: On the basis of ea											a) and manner as stated.
	295. SIGNATURE AND TITLE OF CENTIFIE	1	~	_			29c. LIC	CENSE NU	MBER		29d. DATE	E SIGNED	(Month, Day, Year)
O BE	2124	1	M				UC	ME			▶06	-10	-1991
5	30. NAME AND ADDRESS OF PERSON W	1	SE OF DEATH (ITE		oe, Print)	7 (°F)	REE	n 01	A T 171 T	14/ATIL	VII. 1231	T IN W	ID 21201
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE	1/11	- Salvan	v 51	TUE	1 Dr	7117 T	TAIOL	MARI	Ti.7:/	27 27 SU

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the fu be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOSPITAL OR	TO THE FUNERAL DIRE be filed within 72 hours	IMPORTANT: If Item

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

OECEDENT'S NAME (First, Middle, Last) BUNICE WILLIAMS	F DEATH	REG. NO.		
Barnice, Williams		ATE OF DEATH	YEAR	3. TIME OF DEATH
12411110		6 20	91	623p
SOCIAL SECURITY NUMBER S. SEX 6. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR	IR IF UNDER 24 HRS. 7. DA	TE OF BIRTH		ATHPLACE (State or Foreign
244-20-3108 17 M 2 🗆 F 69 YRS. WONTHS DAYS	s noons and.	4 2	2	North Carol
630 Larchment Ave Capi	to 1 Hgts		P9	F DEATH
aryland Prince George's Capitol	CATION Hts.			10d. INSIDE CITY LIMITS?
Captor		- т		YES 2 NO
. STREET AND NUMBER 630 Larchmont Ave	20743		7.	F WHAT COUNTRY?
Never Married 2 1 Married FORCES? 1 YES 2 NO If yes,	DECENDENT OF HISPANIC OR, specify Cuban, Mexican, Pue YES 2 NO Specify:	IGIN? (Specify Yes or rto Rican, etc.)	Bi	ACE — American Indian, leck, Whita, etc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16e. DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use jettred.) Mechanic		166. KIND OF BUSIN		Y
FATHER'S NAME (First, Middle, Leet) Frank Williams	16. MOTHER'S NAME (FI	st, Middle, Maiden Su	imama)	
Frank Williams	Anner	Harr		
INFORMANT'S NAME (Type/Print) Lariner Williams 196 MAILING ADDRESS (Stre	ont and Number or August Route	lumber, City or Town,	Ma 2/207	43
a. METHOD OF DISPOSITION Burial 2 Cremation 3 Ramoval from State 20b. PLACE OF DISPOSITION (Name of other place)			ATION — City of	- Translation
Demantion 6 Other (Specify) Harmony Mel	morial Park		ındover	
	J.B. Jen J.B. Jen Landover Rd			
MMEDIATE CAUSE (Final seese or condition and the caused the death. Do not enter the ahock, or by art fellure. List only one cause on each line. MMEDIATE CAUSE (Final seese or condition paulting in death) A. Cardara Due to on as a consequence or seed the consequence or seed the cause of the contact of the cause of	mode of dying, such ea	cardiac or reapira	itory erreat,	Approximata Interval Betwe Onset and Date
equantially liet conditions, any, leading to immediate Buse. Enter UNDERLYING AUSE (Disease or injury let initiated events sesuiting in daeth) LAST	lileure Lus			
ART II. Other eignificent conditions contributing to death but not resulting in the underly	iying cause given in Part	24a. WAS AN AI PERFORM 1 — YES 2	ED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
				OF DEATH?
VMS CASE REFERRED TO MEDICAL	B PLACE OF DEATH (Check or	Av one)		
EXAMINER? HOSPITAL: OTHER:	6. PLACE OF DEATH (Check on			OF DEATH?
EXAMINER? 1- TES 2 NO HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing I	Home 5 Residence 6 🗆	Other (Specify)	HIDY OCCUPE	OF DEATH? 1 YES 2 NO
EXAMINER? HOSPITAL: OTHER: OTHER	Home 5 Residence 6 🗆		JURY OCCURED	OF DEATH? 1 YES 2 NO
EXAMINER? 1	Home 5 Residence 6	Other (Specify)		OF DEATH? 1 YES 2 NO
EXAMINER? 1	Home 5 Residence 6 INJURY AT 28d. WORK? YES 2 NO Office 28f.	DESCRIBE HOW IN. DESCRIBE HOW IN. LOCATION (Street an City or Town, State)	d Number or Ru	OF DEATH? 1 YES 2 NO
EXAMINER? 1 S 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing it investigation investigation as Lectory, Calched Homicide 28e. PLACE OF INJURY At home, farm, street, fectory, Calched building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, Calched building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, fectory, Calched building, etc. (Specify)	Home 5 Residence 6 INJURY AT	Describe How IN. Describe How IN. LOCATION (Street em. City or Town, State) a cause(a) and mann dete and place, and	d Number or Au er as stated, due to the cau 29d. DATE SIG	OF DEATH? 1 YES 2 NO Do not Route Number, ree(a) and manner as stated NEO (Month, Dey, Year)

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host	tache		CG.
the	e det		1 00
od by	d bic		e pe
stain	shor		off
De n	99 5		
may	or, pa		at p
9 90	Irecto		E
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death	fund		окап
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onus	In t	Or re	med
24 n	/ filler	tion.	the
rithin	leteh	remai	il.
w per	comp	al, C	64
xecu	pue	- por	atic
90	cian	ior to	Une.
Scate	physi	ne pr	or t
certif	ding	lygier	to the
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e law	has	Dept	1 23
× :	cate	State	Hen
SICIA	certifi	the	6
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TEND	DR:	fter (8
RAT	RECT	urs a	m 2
AL O	AL DI	2 ho	=======================================
SPIT	NER	Thin 7	NT:
E FG	E FU	JIM P	HITA
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
~5	-	E	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

-71	REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO					
1	1. DECEDENT'S NAME (FIRST, MICHIGA, LOSI) CATHERINE WITH	HERS	POOI	V	2. DATE OF DEATH MONTH D	3 9 YE	17.13 (P 11)			
2	238-44-8515 10 M2 XF 5	yrs. lest birthday) 9 . YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	STH Sear State or Foreign Country S A				
OR	90. FACILITY NAME (If not institution, give street and number) Liberty Medical Center		or Location of DE	ATH	sc. county of DEATH Liberty Heights Md.					
BY FUNERAL DIRECTOR	nesidence of decedent 100. state Maryland 10b. county		y, town on Loc Ltimore	ATION			10d. INSIDE CITY LIMITS? Y YES 2 NO			
ERAL	100. STREET AND NUMBER 906 WHITELOCK		1	Of, ZIP CODE	L217	10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, s	CENDENT OF HISPAN peolity Cuban, Mexica S 2 NO Specify	e or No— 14. RACE — American Indian, Black, White, atc. Specify: Black					
BE COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade	USUAL OCCUPAT work done during in se retired.) DIAN	TION nost of working		DUSINESS/INDUSTRY TENANCE					
COM	17. FATHER'S NAME (First, Middle, Leet) RAYMOND GWYNN			18. MOTHER'S NA MARY SA	ME (First, Middle, Malder AWYERS	Surname)				
TO BE	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING 2406	TOWA AV	and Number or Rural (Route Number, City or Tov	vn, State, Zip Cod	(TCO			
	1 N Buriel 2 ☐ Cremetion 3 ☐ Removal from State	PLACE ANO DAT	E OF OISPOSITIO	of oisposition (Name of the place) MORTAL PARK one of the place) MORTAL PARK one of the plac						
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	RIVONY	2 RULT	INS FUNEI	RAT HOME, ACE, N.E.	INC.				
	23. PART I. Enter the diseases, or complications that caused to shock, or heart failure. Liet only one cause on each immediate Cause (Final disease or condition resulting in death) a. MULT I	ch Ilna.				olratory arrest,	Approximata Interval Between Onset and Death			
NOI	disease or condition a. MULTI - DRGAN FAILURE OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST									
	4.									
MEDICAL	TAIT II. Ottas againstall conditions contributing to death but	PAMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (C)	eck only one)					
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Nightherit 2 ER/Output	tlent 3 DOA	OTHER: 4 Nursing He	ome 5 🗆 Residence	6 Other (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIN	JURY \	NJURY AT YORK? YES 2 NO	28d. OEŞCRIBE HOW	INJURY OCCUR	EO			
	3 Suicide 6 Could not be 4 Homicide determined	At home, farm,	street, factory, of	lice	281. LOCATION (Street City or Town, State		Burel Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowle- Check only one) 2 MEDICAL EXAMINER: On the basis of examination						use(s) and menner as stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER (Medical	Off	use (cer)	29c. LICENSE NU	MBER		GNED (Month, Day, Year) - 23-91			
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	RTY	MEDI	CALC	ENTER	?				
	31. DATE FILED (Month, Day, Sen) 32. REGISTRAR'S SIGNA	TURE POT	dell							

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		permit. P.	
BALTIMORE, MARYLAND 21203-3146	s after death. Page 6 may be retained by the hospital or attending physician.	by the funeral director, page 5 should be detached for use as the burial-transit emoval.	dical examiner must be notified at once.
•	Sunc - 7	y filled in ation, or re	the med
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE MOSPHIX OR MITERIARY PROPERTY. The law requires that the death certificate be executed within 2 years after death. Page 6 may be retained by the hospital or attending physician.	TO THE RIVERAL CHECTOR. Also this sertificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Plan and within 12 from the state death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. OECEDENT'S NAME (First,	Middle, Last)								2. DATE OF MONTH	DEATH	Υ	YEAR	3. TIME OF DEATN	
	LYNN	McNea:	1 [VILEY					June	21	19	991	12:15 AM M	
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR	IF UNDEI	MIN.	7. DATE OF I	BIRTH ly, Year)		6. BIRTHE	PLACE (State or Foreign	
210 14 0253		1 🔀 M 2 🗌 F	66	YRS.	MOUNTAIN N	- SAITS			Feb.	7 19	25	Penr	nsylvania	
9e. FACILITY NAME (If not in							OR LOCATI	ON OF D	EATH		ATH			
15801 Perk:		ne				Bowi	Le				Pri	nce (Georges	
RESIDENCE OF DEC	10b. COUNT	γ		10c CIT	Y, TOWN C	B LOCA	TION						10d. INSIDE CITY	
Maryland		ce George	es		owie	JI. 2004							LIMITS?	
100. STREET AND NUMBER 15801 Perk:	ins La	ne				10	1. ZIP COD				-		ted States	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC			NIC ORIGIN? (S	pecify Yea		14. RACE	- American Indian.	
1 Never Married 2 🖺		FORCES? 1 IF YES, GIVE W	YES 2				ecify Cubi		in, Puerto Rice	n, atc.)		Black,	, White, etc.	
3 Widowed 4 Divo	rced			Yes				оргон	NO			ороон	White	
	EDENT'S EDU		16a. D	Give kind of	USUAL O	CCUPATI	ON oat of world	la a	16b. KII	NO OF BUS	INESS/INC			
Elementary/Secondary (0		College (1-4 or 5	- 4	fe. Do NOT us	se retired.)	during in	odi di word	''y						
		2		MSG	(E-8	3)			M	ilit	ary			
17. FATNER'S NAME (First, M							18. MOT	NER'S NA	ME (First, Mido	lle, Malden	Surname)			
John B. Wi	lley								Vio	la T	inkey	y		
190. INFORMANT'S NAME (7	Type/Print)		1	9b. MAILING	AOORES	S (Street	end Numbe	r or Rural	Route Number,	City or Tow	n, State, Zip	Code)		
Jean Ann V	Viley			1580	l Per	ckin	s La	ne B	owie M	ary1	and	2071	.6	
20a. METHOD OF DISPOSITION 1 \overline{\text{NS Burlal 2 \subseteq} Cremetion 3 \subseteq} \overline{\text{Removal from State}}} \ 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place) Arlington National Cemetery Arlington Virgination of the content of th														
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									Iginia					
Robert E. Euro Pres. Beall-Evans Funeral Home, P.A. 16000 Annapolis Rd. Bowie Maryland 2071:									and 20715					
23. PART I. Enter the d				desth. Do									Approximeta	
		List Dnly Dne cau	ise on each li	ne.									Interval Between Onset and Death	
IMMEDIATE CAUSE (Fir disease or condition	1401	10,11	Kemia											
resulting in deeth)		4.	(OR AS A CONS	EOUENCE O	F):	-								
Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A CONS	EOUENCE O	PF):									
CAUSE (Disease or Inju		C. OHE TO	(OR AS A CONS	EQUENCE O	MEN.	k								
that initiated events resulting in death) LAS	т	4	TON AS A CONS	LOOLINGE O	ч р.									
		v											+	
PART II. Other algolfice	ent condition	ne contributing to	death but not	reaulting	In the ur	nderlylr	ng ceuse	given in	Part I. 24		ORMEO? AW		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									1	YES 2	NO NO		COMPLETION OF CAUSE OF DEATH?	
													1 YES 2 NO	
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL				,		PLACE OF	DEATN (C	heck only one)					
1 YES 2 M NO		HOSPITAL:	☐ ER/Outpatient	3 DOA	4 Nu		me 5 0 F	Rasidence	6 Other (S	(pectly)				
27. MANNER OF OEATN		26e. DATE OF (Month, I		28b. TJA	ME OF JURY		JURY AT		28d. DESCR	BE HOW	NJURY OC	CURED		
	Pending Investigation	(month, L	Tan roury	1	M		YES 2	□ NO						
2 Accident 3 Suicide 6	Could not be	28e. PLACE C	F INJURY — At	home, farm,	atreet, fec	tory, offi	ce					r or Rural R	loute Number,	
4 Homicide	determined	bullarily,	atc. (Specify)						City or	lown, State,				
29e. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	l my knowledge	death occur	red at the	time det	e and plac	e. and du	e to the course	(e) and ma	nner ee ete	ted.		
Torner orny) end manner ee stated.	
29b. SIGNATURE AND TITLE								CENSE NU		_	29d. DAT	E SIGNEO	(Month, Day, Year)	
/	1(00	e her 1	n)				MD	D	3796	/		6/2	21/91	
30. NAME AND ADDRESS O						41 (24	4 37	T	1.2.		D C		
Walter Ree	Year)		Center AR'S SIGNATURE) IO	cn S	otree	C N.	w. was	sning	con	v.C.		
JUN 28 '91		P. R. Kill	. Burda a											

JUN 28 91

					2. DATE	OF DEATN		EAR 3. T	ME OF DEATH
		Evelyn	Mae Wi	.gnall	6		6-9		030/P
	SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEA MONTHS DAY			OF BIRTH h, Day, Year)		Country)	E (State or Foreign
90. FACILITY NAME (If not institution, give street Anne Arundel Medic		Center	9b. CITY, TOW	olis	DEATN			Aruno	le1
RESIDENCE OF DECEDENT 100. STATE Maryland Anne A	rundel		y, town on Lo						INSIDE CITY LIMITS?
100. STREET AND NUMBER 487 Riverview Driv			ugewate	10f. ZIP CODE		Ц		N OF WHAT	
				210:				ed St	
11. MARITAL STATUS 1 Never Married	2. WAS DECEDENT EVER IN FORCES? 1 Types IF YES, GIVE WAR OR DATE	2 NO	If yes,	Specify Cuban, Maxi (ES 2X NO Specify Cuban)	cen, Puerto		or No— 14	Specify:	merican Indian, ita, atc. Thite
15. DECEDENT'S EDUCATI (Specify only highest grade con		16a. DECEDENT'S	USUAL OCCUP	ATION	16b	KIND OF BUS	SINESS/INDUS	TRY	
1	College (1-4 or 8+)	Flo	work done during se retired.) rist	most of working		Giant	Food		
17. FATNER'S NAME (First, Middle, Lest) Clarence W. Parks				18. MOTNER'S I			Surname)		
19a. INFORMANT'S NAME (Type/Print) James E. Wignall		The second second		et and Number or Auro ew Drive					037
20s. METNOD OF DISPOSITION 1 🔀 Buriel 2 Cremetion 3 Remova 4 Donation 5 Other (Specify)	I from State of ce	PLACE ANO DAT	E OF OISPOSIT	ON (Name	DAT		CATION — CH		
21. SIGNATURE OF FUNERAL SERVICE LICEN	ilans	Pres.	22. NAMI Bea 160	and address of all-Evans	Fune olis	ral Ho Rd. Bo	wie Mo	A.	
23. PART I. Enter the diseases, or com- shock, or heart feilure. Lis IMMEDIATE CAUSE (Final disease or condition	nplications that caused it only one cause on ea	the death. Do	not enter tha	mode of dying, s	uch se can	diac or reap	iratory arres	it,	Approximate interval Between
recuiting in death) s	DUE TO (OR AS A	CONSEQUENCE O	Brei	est C	anu	N			Onset and Dea
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	PF):	est C	once	×			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE O)(F): (F): (F):				RMED?	COA OF	
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A Contributing to death but to Death but	CONSEQUENCE O	(F): (F): In tha underl		in Part I.	24a. WAS AN PERFOI	RMED?	COA OF	Onset and Dea 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQ	F): F): In the underl OTHER: 4 Nursing 4E OF 28c.	ying cause given	in Part I.	24a. WAS AN PERFOI	RMED?	AWALCON	Onset and Dea 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS	CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE Of CONSEQUENCE OF CONSEQ	PF): In the underl OTHER: 4 Nursing ME OF 28c. JURY M 1	ying cause given I. PLACE OF OEATH (Home 5 Residence INJURY AT WORK? YES 2 NO	in Part I. Check only o	24a. WAS AN PERFOI 1 VES :	RMED?	AWAL COM-	Onset and Des 2
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS	consequence of conseq	F): In the underline the unde	ying cause given I. PLACE OF OEATH (Home 5 Residence INJURY AT WORK? YES 2 NO office date and place, and determined the second control of the sec	in Part I. Check only o 6 Other 28d. OE 26f. LOC Chy	24a. WAS AN PERFOIL 1 VES : 1 VES : 1 (Specify) SCRIBE HOW CATION (Street or Town, State)	RMED?	AMA CON OF I	Onset and Des 2

WPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

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año.	din		10
ICENT. The saw toquies that the coats of threats to provide within 12 hours and to the	sertificate has been signed by the attending physician and completely filled in by the funeral director		or item 23 shows any injury or other traumatic event, the medical examiner mus
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5	has	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	2
	cate	State	Ben
3	ertifi	the t	2

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN CERTIFIC			MENTAL HYGII REG. 1				
	1. DECEDENT'S NAME (First, Middle, Last) JOHN R	WEST JR.				2. DATE OF GEATH	03 3	SAR 553 AM		
	4. SOCIAL SECURITY NUMBER 223-28-3567	1 M 2 □ F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, 3-6-0		BIRTHPLACE (State or Foreign Country) ichmond, VA		
TOR	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN 1997 IN COL	set and number) LEMBNIAL	Hogo st	CITY, TOWN	OR LOCATION OF O		9c. COUNTY	OF DEATH		
DIRECTOR	104. STATE 10b. COUNTY	PG		bout on Loca	OILE			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO		
FUNERAL	100. STREET AND NUMBER	In Hyalls	WILL C	11	2018	S		S.A.		
BY	1 Never Merried Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D 9/1/43-1/6/	2 NO	If yes, s		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No- 14	Black, White, etc. Specify: Black		
PLETED	15. DECEDENT'S EQUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re Cabinet	done during m tired.)	ION ost of working	16b. KIND OF	BUSINESS/INDUS			
COMPL	17. FATHER'S NAME (First, Middle, Leet) John Richard Wes	et Sr	_ cabinet	Market		ME (First, Middle, Mail	Priva	e		
TO BE	19a. INFORMANT'S NAME (Type/Print) DeLois West	oc, or .			and Number or Rural	a Barley Route Number, City or		ode)		
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Spring	val from State	o. PLACE OF DISPOSITH other place)	ON (Name of o			20782 LOCATION — CH			
TO BE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J.B. Jenkins Funeral Home 7474 Landover, Maryland 20785									
	23. PART I. Enter the diseases, or c ahock, or haert feilure. I iMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one couse on e	d the deeth. Do not sech line. Way Fi			th sa cardiac or re	apiratory arres	t, Approximate interval Betwee Onset and Dec		
RTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):									
8	resulting in death) LAST									
H: MEDICAL	PART II. Other eignificent condition		out not resulting in t	he underlyi	ng cause given in	PER	AN AUTOPSY FORMED? 3 2 NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
A	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF OEATH (C	heck only one)				
>	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Out	patient 3 DOA 4			6 Other (Specify)				
0	1 Netural 6 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y W	IJURY AT PORK? YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCU	HED		
TED	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. L						eet and Number or lete)	Rural Route Number,		
OMPLE	eeel	CIAN: To the best of my know						cause(s) and menner as steted		
O BE COMP	296. SIGNATURE AND TITLE OF CERTIFIES	Tun)			29c. LICENSE NU D 258	MBER 02	29d. DATE 1	SIGNED (Moreth, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)									
101		COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)						

DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 1 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE REG. NO.	11 19100		
1. DECEDENT'S NAME (First, Middle, I	Winters	WINTERS	le 27 9	SEAR 3. TIME OF DEATHO:		
4. SOCIAL SECURITY NUMBER 197-05-0311	5. SEX 6. AGE (In yrs. last birthday) 1 M 2 F 76 YRS.	MONTHS DAYS HOURS MIN.	DEC. 7, 1914	BIRTHPLACE (State or Foreign Country) PA		
	PITAL	9b. CITY, TOWN OR LOCATION OF O		OF DEATH GOMERY		
PA. M		TY, TOWN OR LOCATION AUDUBON		19d. INSIDE CITY LIMITS? 1 ፟፟ 1 YES 2 □ NO		
100. STREET AND NUMBER 1041 THRUS	H LA.	101. ZIP CODE 19403	10g. CITIZEI	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	en, Puerto Rican, atc.)	I. RACE — American Indian, Black, White, atc. Specify: WHITE		
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1.2 17. FATHER'S NAME (First, Middle, Las	College (1-4 or 5 +) College (1-4 or 5 +) STEEL F	PABRICATOR SUPERV	16b. KINO OF BUSINESS/INDUS /ISOR STEEL (AME (First, Middle, Makden Surname)			
JOSEPH 19a. INFORMANT'S NAME (Type/Print)	WINTERS 195. MAILING	MA	RETILY Route Number, City or Town, State, Zip Co	ode)		
PENNY KI	LKOWSKI 119	219 STONEWOOD I	A., ROCKVILLE, N			
ahock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSEQUENCE CO	LUNG	ERS CO., RIVERDAI			
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond	DUE TO (OR AS A CONSEQUENCE of d		Part I. 24s. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC	and the same of th	26. PLACE OF DEATH (C	heck only one)			
EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending		A Nursing Home 5 Residence ME OF 28c. INJURY AT WORK? M	6 ☐ Other (Specify) 28d. OESCRIBE HOW INJURY OCCU	REO		
2 Accident Investigation 3 Suicide 5 Could not be datermined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)						
one) 2 MEDICAL EX	PHYSICIAN: To the best of my knowledge, death occur MINER: On the basis of examination and/or investigat	tion, in my opinion, death occured at th	e time, date and place, end due to the			
29b. SIGNATURE AND TITLE OF CEP 30. NAME AND MESS, OF PERSON	TIFIER COULD WO NOT THE OF DEATH (ITEM 27) (TYPE	29c. LICENSE NU DOY Doe, Print) 10400 CONN.	MBER 20d. DATE:	SIGNEO (Month, Dey, Year) 279/		
Jeneiny	V. COOKE	0400 Cmm	ALL FOURIN	I. Md		
JUN 28 91	22. REGISTRAR'S SIGNATURE			1		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART CERTIFIC			MENTAL HYGIEN REG. NO	_	31 1310
1. DECEDENT'S NAME (First, Middle, Last)	PRINE	A A WASHI	MEST-DAY	NGTON	2. DATE OF DEATH	391	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 577 34 38 377	5. SEX 8. AGE		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	221	BIRTHPLACE (State or Foreign Country) MARY DANDES
9a. FACILITY NAME IN A MAINTING OF THE STORY	AUR BURGE	Hospila		PRESENTANTE P	APARK		NTGOMERY
	Prince Geo	rge 10c. CITY,	BOWN OR LOCA	TION BO	wie		10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER P.O. BOX 182 11. MARRITAL STATUS 1. Namer Married 2. M Married			10	1. ZIP COOE	0719	10g. CITIZI	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS OECEOENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 X NO	If yes, so		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	a or No 1	4. RACE — American Indian, Black, White, etc. Specify: Black
16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 th 17. FATHER'S NAME (First, Middle, Last)	CATION completed) College (1-4 or 5+)		rk done during m retired.)	ost of working	16b. KINO OF BU		
7th 17. FATHER'S NAME (First, Middle, Last)		AIILII	lai Ca.	retaker	ME (First, Middle, Meiden		Agriculture
					ucy Snow	_	
19a INFORMANT'S NAME (Type/Print)		19b. MAILING /	ODRESS (Street		Route Number, City or Tow		Code)
Joseph G. Wash	ington (Hu	sband)	P.O. :	Box 182	, Bowie,	MD 2	0719
20a METHOD OF DISPOSITION ZBurlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	Md. Nat			k 7/3 La		ity or Town, State
21. SIGNATURE OF PURERIAL SERVICE LA	- Luon	rden			NERAL HO MD 2085		P.A.
23. PART i. Enter the diseases, or shock, or seart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Liet only one ceuse on S. DUE TO (OR AS	ed the death. Do not each line. Unline A CONSEQUENCE OF	icule	ode of dyling, such	th se cordiec or resp	iratory arre	st, Approximate interval Between Onset and Desti
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Rulm	A CONSEQUENCE OF	gall p H	y Suit	th Hyg tensic	m	esand ,
PART II. Other significent condition PART II. Other significent condition PART II. Other significent condition PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 22 NO 27. MANNER OF DEATH	a contributing to deeth	but not resulting in	the underlylr	g cause given in I suiten	PERFO		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C	8 Other (Specify)	×	
27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)		OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCC	URED
1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO			9 00
	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, st ec/ly)	reet, factory, offi	en	281. LOCATION (Street City or Town, State	and Number (or Rural Route Number,
one)	RCIAN: To the best of my kno ER: On the basis of examinat						d, cause(a) and manner as stated.
	MAURRIN.			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Montp. Day, War)
Sudul	Varyan p	10		D 2/2	294	1 6	129/91
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) Me	20-01	LAURE	· w	A (

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-	-	an and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	7
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BALTIMORE, MARYLAND 21215-0020	9	age	
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V	12	ly fil	ation
o o	be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	ete	r to burial, cremation, or removal.
X 68760	P	Omp	0,
8	CC	0	Duria
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-	92	4	-

	1. DECEDENT'S NAME (First, Middle, Last) ESTHER WOLIN 2. DATE OF DEATH MONTH MONTH 6 22 1991 3. TIME 4:									
	ESTHER 4. SOCIAL SECURITY NUMBER	WOLIN 5. SEX 6. A	GE (In yrs. last birthde) IF UNDER 1 YEA	R IF UNDER 24 HRS.	6 22 7. DATE OF BIRTH		4:20 ERTHPLACE (Siete or Fo		
	578-32-1247	1 M 2 T F	87 YRS.	MONTHS DAY		3/2/1904	Co	W YORK		
	9e. FACILITY NAME (If not institution,	give street end number)		9b. CITY, TOW	N OR LOCATION OF D		9c. COUNTY O			
CTOR	SUBURBAN HOSPITAL BETHESDA MONTGOMERY RESIDENCE OF DECEDENT									
W I	10e. STATE 10b. CC		10c. C	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
E		NTGOMERY		ROCKVI	LLE			1 X YES 2 [
FUNERAL	1801 E. JEFFERS	ON STREET, #5	24		20852		USA	F WHAT COUNTRY?		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic (ES 2 NO Speci		В	ACE — American Indi- lack, White, etc. pecify: WHIT		
PLETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		(Give kind ille. Do NO)	"S USUAL OCCUP. If work done during use retired.)	ATION most of working		USINESS/INDUSTR	Y		
COMPL	17. FATHER'S NAME (First, Middle, Las	nt)			18. MOTHER'S NA	AME (First, Middle, Maide				
ш	SIDNEY	SURREY			ELLA	P	ERLMAN			
10 B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or To)		
- 18	BEVERLY ORLOFF		20b. PLACE AND D			TOMAC, MD	20854 OCATION — City of	Your Old		
	20a METHOD OF DEPOSITION 1 X Burtal 2 Overnation 3 □ 4 □ Donation /5 □ Other (Specify)	Removal from State				N 6/23 FAI				
	EL SIGNATURE OF FUNGRAL SERVI		TILLIO DIII.	22. NAM	AND ADDRESS OF F	ACILITY				
	DANZANSKY-GOLDBERG MEMORIAL CHAPELS, INC 1170 ROCKVILLE PIKE, ROCKVILLE, MD 2085									
	23. PARTA. Enter the deceses	or complications that cau	used the death. D					Approxim		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions, b. MUCMCNARY ENERGY OF .									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	Office TO (OR)	ON AN	OFI: AZ	+244	nich	2/1-	- 3		
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (DR	DUE TO (DR AS A CONSEQUENCE OF):							
E	resulting in death) LAST	d								
	PART II. Other aignificant con-	ditions contributing to dea	th but not resulting	a in the under	ving cause given in	Part I. 24s. WAS A	IN AUTOPSY	24b. WERE AUTOPSY I		
MEDICAL							ORMED?	AMAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL		2(S, PLACE OF DEATH (C	heck only one)				
SIC	1 YES 2 NO	HOSPITAL:	Outpetient 3 DO/	OTHER:	Homa 5 🗆 Reeldence	And Labour 1975				
첫	27. MANNER OF DEATH	28a. OATE OF INJU			INJURY AT WORK?	26d. DESCRIBE HOW	INJURY OCCURE	0		
ВУБ	1 Natural 5 Pending 2 Accident Investige		2/1		YES 2 NO	_				
ETED I								rel Route Number,		
COMPLE	one)	PHYSICIAN: To the best of my in AMINER: On the basic of examine						rse(e) end manner ee		
BE C	29b. SIGNATURE AND TITLE OF CE	OFFICE /2	,		29c. LICENSE NO	JMBER		NED (Month, Day, Year		
TO B	Klony	121sh	114	7	1021	281	▶ JUNE	22, 1991		
-	30. NAME AND ADDRESS OF PERSO				000 071111	D CDDING	MD 200	0.1		
	PENNY L. BISK, 31. DATE FILED (Month, Day, Year)		SIGNATURE ROADS		OA SILVE	K SPKING,	MD 209	01		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Joins after death. Page 6 may be retained by the hospital or attending physician. TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the huntral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR STATE REGISTRAR	TATE OF MARYLAND A		TMENT (YGIENE EG. NO.				
į	1. DECEDENT'S NAME (First, Middle, Lest)	IMIAN CLS WA	TERS				2. DATE OF D	- 3-PAS)1 9	YEAR	TIES aR	
		SEX 6. AGE (In yrs. In	yrs.	IF UNDER 1 Y	EAR IF U	INDER 24 HRS. IRB MIN.	7. DATE OF B	96 2.C		Country)	LACE (State or Foreign	
ОR	9a. FACILITY NAME (If not institution, give street a Shady Grove, Adversary Grove, Adversary)	ntist Hospi	tal		OWN OR LO	ille	ATN 208	62		TY OF DE	GOMERY	
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	/		Y. TOWN OR	LOCATION						10d. INSIDE CITY	
E		ntgomery		.,		sburg					LIMITS?	
AL.	10e. STREET AND NUMBER				10f. ZIP				10g. CITIZ	EN OF WI	IAT COUNTRY?	
E	18328 Stringside	Drive				208	79			US		
BY FUNERAL DIRECTOR	1 Never Married 2 X Married	WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES		If y	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:					o- 14. RACE - American Indian, Black, Whita, etc. Specify: Black		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	usual occupation ork done during most of working e retired.) estication										
MC	17. FATHER'S NAME (First, Middle, Last)	ics cr.		MOTNER'S NA	ME (First, Middl	le, Maiden S	Surname)					
ŭ	Columbus Murray	,										
TO BE	Columbus Murray Hattie Stewart 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20879 Earl J. Waters, Sr. (Husband) 18328 Stringside Dr., Gaithersburg, MD											
	20a, METNOD OF DISPOSITION PLYBurial 2 Cremation 3 Removal	from State 20b. PLACE other I	E OF DISPO	SITION (Name	of cemetery,	etery			ATION — C		n, Bteta	
	4 Donation 5 Other (Specify)		ке с			DRESS OF FA		Гаў	CON	SATI	re, MD	
	· George 1	R. Suow	Dei	SN	OWDE:	N FUN	ERAL MD 20	850				
	23. PART I. Enter the discusses, or com shock, or heart fellure. List	plications that caused the d only one cause on each fir	deeth. Do	not enter th	ne mode o	of dying, eucl	h aa cardiac	or reapi	ratory arm	est,	Approximete interval Between	
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Aspiratio	Uni	M	m	eus	NO	ni	his		Onset and Death	
z	CVA with Dysphapia											
CERTIFICATION	Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	EOUENCE C	P):	11	1						
FIC	CAUSE (Disease or injury that initiated events	Hypertens	EDUCATE	FF.	ra							
ERT	reaulting in deeth) LAST	Hyper	fer	me	M							
	PART II. Other aignificent conditions of	ontributing to deeth but not	resulting	in the und	e) tying cal	Ose given in	Part i. 24	a. WAS AN			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
SICAL	Conges	hue he	ar	t	ail	ule		YES 2	_		COMPLETION OF CAUSE DF DEATH?	
PHYSICIAN: MEDI	0			0			_				1 WES 2 ND	
AN	25. WAS CASE REFERRED TO MEDICAL				DE DI ACE	OF DEATN (Ch	and and and					
Sic	EXAMINER?	OSPITAL:	3 DOA	OTHER:		☐ Rasidenca		nec/fv)				
H	27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	26b. TII	-	8c. INJURY WORK?		28d. DESCR		NJURY OCC	URED		
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 16m)		M	1 YES	2 🗌 NO						
	3 Suicide 6 Could not be 4 Nomicide datarmined	28a. PLACE OF INJURY — At I building, etc. (Specify)	home, farm,	street, factor	y, office		28f. LOCATION OF THE	ON (Street a fown, State)	and Number	or Rural A	oute Number,	
COMPLETED	(Check only	N: To the best of my knowledge, on the basis of exemination and/o									and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	abas	4.1		290	C LICENSE NU	MBER 92		29d. DATI	E SIGNED	(Month, Day, Year)	
2	30. NAME AND ACCRESS OF PERSON WHO C	CMPHETEO CAUSE-OF OEATH (IT	TEM 27) (7/2)	Print)	1· E	DMC	NS:	TOS	VD	R	# 504	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		2		1500	VIU			1) "	1083	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	WW 4 00	3. TIME OF DEATH			
Charles Woo	deon				07 05	91	11:42 PM			
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday) #	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	7.5	HPLACE (State or Foreign			
401-10-7424	1 🗔 M 2 🗆 F	81 YRS. MO	NTHS DAYS	HOURS MIN.	(Morth, Day, Year) 05-01-10	Count	w ucky			
9a. FACILITY NAME (If not institution, give s				OR LOCATION OF D	EATH 9c.	COUNTY OF	DEATH			
Mointgomery Gene RESIDENCE OF DECEDENT 10a. STATE Maryland Mon	ral Hospital		01ne	2y		Mont	gomery			
RESIDENCE OF DECEDENT										
10a. STATE 10b. COUNTY			OWN OR LOCA				10d. INSIDE CITY LIMITS?			
	tgomery	Si	llver S	Spring			1 XYES 2 NO			
100. STREET AND NUMBER			10	H. ZIP CODE	100	. CITIZEN OF	WHAT COUNTRY?			
£ 2702 Woodedg	e Road			209	06	US	Α			
10. STREET AND NUMBER 2702 Woodedg 11. Marital Status	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Yea or N		E — American Indian, ik, White, etc.			
1 Never Married 2 🖫 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	DATES		e, specify Cuban, Mexican, Puerto Rican, etc.) YES 2 NO Specify: Black Black Black						
15. DECEDENT'S EDU (Specilly only highest grade Elementary/Secondary (0-12) 1-12 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S US	done during m	ON oet of working	SS/INDUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use re	etired.)		Tour tour 11	- D 1 7				
1-12 Ma:	sters degree	Teacher			Louisvill	e Publ	ic School			
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Malden Sume	ame)				
Henry R.	Woodson	А	nna Maves							
		19b. MAJLING AD	DRESS (Street		Route Number, City or Town, Sta	ate, Zip Code)				
Charles R. Woods	son	2702	Wooded	ge Road	Silver Spri	no Mi	20006			
20s. METHOD OF DISPOSITION	20	b. PLACE OF DISPOSITI	ON (Name of a	metery, cremetory or		ng Md				
1 N Buriel 2 Cremation 3 Ram 4 Donation 8 Dother (Specify)	oval from State	other place)								
		Lvergreen	Cemete	NO ADDRESS OF EA	Louis	ville,	Kentucky			
· / All NV	22. NAME AND ADDRESS OF FACILITY Hines/Rinaldi Funeral Home 11800 New Hampshire Ave., Sil. Spr. Md. 2									
23. PART i. Enter ha diseeses, or	MUNIC .		111000	New Ham	psnire Ave.,	Sil.				
ahook, or heert feiture. IMMEDIATE CAUSE (Final disease or condition	List prily prie cause on Septic	eech line.	wen		m as cardiac or respirato	ry arrest,	Approximata Interval Between Onset and Death / 2 5x			
resulting in death)			1	,		-	0.			
	Recon	in lin	uran	v Tr	act infl	Aus.	4 2 meess			
Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEDUENCE OF):	1	-	. 11 '2					
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Bed Nest	· tor	Jac	Linea	MAP		Column			
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):	0	10.1	0. 10 md 1	610				
resulting in deeth) LAST										
						your.				
		but not resulting in t	the underlying	ng cause given in	Part i. 24a. WAS AN AUTO		b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO			
Severe algorithms	1 // .	nic B	ruca	synder 6	1 TYES 2 TO		COMPLETION OF CAUSE OF DEATH?			
	lined the	o, Sul	lex	Her			1 TYES 2 THO			
1) Pin y	Ro Phace	wall of	Winis	Mosis	_					
25. WAS CASE REFERRED TO MEDICAL	100	7	90.1	PLACE OF DEATH (C)	hash anti-anal					
EXAMINER?	HOSPITAL:	0	THÉR:							
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 27. MANNER OF DEATH	1 Vinpatient 2 ER/Ou				6 Other (Specify)					
27. MANNER OF DEATH	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. IA	JURY AT ORK?	26d. DEŞCRIBE HOW INJUI	RY OCCURED				
1 Metural 5 Pending 2 Accident investigation			M 1 🗆	YES 2 NO						
	25e. PLACE OF INJUR building, etc. (Sp.	Y — At home, ferm, stre eclly)	et, factory, off	ce	281. LOCATION (Street and It City or Town, State)	Number or Rural	Route Number,			
4 Homicide determined	The state of the s									
4 Homicide 8 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYS (Check only 2 MEDICAL EXAMINI	ICIAN: To the best of my kno	wiedge, death occurred	at the time, da	te and place, and du	e to the cause(s) and manner	es stated.				
(Check only one) 2 MEDICAL EXAMINI					s time, date and place, and du		(a) and manner as stated.			
3				HILESON STATE	- new parent as		N N 10 11-0			
	ulessons)		D 254	MBER 29	d. DATE SIGNE	(Mogth, Day, Year)			
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	int)		Drine See	10	20 1 10			
OliVER J. LAWI	ESS MD,		erhad	wal	Ikul Sel	الملك (على	2090 E			
31. DATE FILED (Month, Day, War)	32. REGISTRAR'S SIG	MATURE SOME PROPERTY								

DHMH-18 Rev 1/89

	1. DECEDENT'S NAME (Fin								MONTH		AY	YEAR	3. TIME OF DEATH	
	MARY I	I.	WALLACE I s. sex	0 ACE (In .	yrs. lest birthday)				JULY	2, 19	991	A BIOTIS	6:50 A	
			1 □ M 2 ☑ F	6. AGE (III)		MONTHS 1	DAYS	IF UNDER 24 HRS	(Month	Day, Year)	1917	Country)	
	578-05-766		Λ	/	3	9b, CITY.	TOWN O	R LOCATION OF		11,	_	MAS.	HINGTON, D	
Ł	2265 L	EWISDA	LE DRIV	Æ.		HY	ATTS	VILLE			PRT	NCE	GEORGES	
S	RESIDENCE OF DE				100 00	Y, TOWN O						T	10d. INSIDE CITY	
DIRE	MARYLAND		CE GEORGE	S		YATT							LIMITS?	
. 19	10e. STREET AND NUMBE	R					10f.	ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
ER.	2265 LEW	ISDALE	DRIVE					20783	3			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 ANO	H	yes, spe	ENDENT OF HISI celfy Cuben, Max 2 A NO Spe	ican, Puarto F		a or No—	14. RACE Black Specif	- American Indian, White, etc. y: WHITE	
PLETED		ECEDENT'S EDI nly higheat grad (0-12)			16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOMEMAKER					166. KIND OF BUSINESS/INDUSTRY				
BE COMPL	17. FATHER'S NAME (First, HARRY	Middle, Last)	IGL				16. MOTHER'S MARGA		fiddle, Maider		соок			
10	19a. INFORMANT'S NAME		E /IIICDAN	נת)				nd Number or Ru						
	HARRY E.		LAGCUH) 3	_	PLACE AND DAT	_				_			LAND 2078	
	1 Donation 5 Oth	tion 3 🗆 Rar	noval from State	of cer	EORGE V	VASHI	NGTO	N CEME	TERY	DATE 20c. LOCATION — City or Town, Stata ADELPHI, MARYLAND				
	21. SIGNATURE OF FUNER	RAL SERVICE L	CENSEE			7		ASOMESS OF						
	* Kou	1 9/	15										SP., MD 2	
CERTIFICATION	Sequentially list condification, leading to immicause. Enter UNDERL CAUSE (Disease or intal initiated events resulting in death) LA	nediats LYING njury	C	OR AS A C	ONSEQUENCE O	-	,							
			d											
N: MEDICAL	PART II. Other signific	Til. Other significant conditions contributing to deeth but not resulting t						cause given	in Part i.	24a. WAS A PERFO	RMED?	24b.	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO	
CIA	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER		ACE OF DEATH	(Check only or	10)				
PHYSICIAN:	1 YES 2 NO 27. MANNER OF CEATH 1 Netural 5	Pending			28b. TII	4 🗆 Nurs	28c. INJI WO	e 5 Residen URY AT RK? rES 2 NO	_	r (Specify) SCRIBE HOW	INJURY O	CCURED	_	
B		Could not be determined	28e. PLACE	OF INJURY —	- At home, farm,	street, facto			281. LOC City	ATION (Street or Town, State	t end Numbe	er or Rural F	Route Number,	
<u>u</u>	4 Homicide detarmined Duriding, etc. (specify) 29a. CERTIFIER 1 C													
MPLETE	29a. CERTIFIER 1 CE		(Check only 1 CENTIFTING PHYSICIAN; 10 the best of my knowledge) and menner as state	
TO BE COMPLETED	29a. CERTIFIER 1 CE (Check only one) 2 St	LEAST CENTER	ESE OF the bests of	examination a	and/or investigat	ion, in my o		eath occured st	the time, data		and due to t	the cause(s	(Month, Day, Year)	

0, BALTIMORE, MARYLAND 21215-00	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pl	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	that the death certificate be executed v	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	any injury, or other traumatic eve
ION OF VITAL REC	NDING PHYSICIAN: The law requires	 After this certificate has been signe in death with the State Dept. of Health 	is marked, or item 23 shows a
DIVISI	TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: be filed within 72 hours after	IMPORTANT: If item 28

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Mid MARGARET		VINDSOR			2. DATE O MONTH Jul	y 6, 1	.991 YEAR	3. TIME OF DEATH 12:15 p N
220-28-5224	1 🗆 M 2 🟋 F 7	O YRS. MO	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	SEP	Day, Voar) T. 1,19	20 MA	RYLAND
	munity Hospital	96	Lanh	OR LOCATION OF D AM	EATH		Prince	George's
RESIDENCE OF DECEDION. STATE 100	DENT B. COUNTY PRINCE GEORGES		OWN OR LOCA	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
00. STREET AND NUMBER	MATFIELD CHAPEL F			1. ZIP CODE 20706		10		WHAT COUNTRY?
1. MARITAL STATUS Never Merried 2 Mer Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	U.S. ARMED	If yee, sp	CENDENT OF HISPA Healty Cuben, Mexico 2 NO Special	an, Puerto Ri		No- 14. RA Bis	CE American Indian, lck, White, atc.
	NT'S EDUCATION thest grade completed) Coflege (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in HOUSEW.	k done during me etired.)	ON ost of working	16b. I	KINO OF BUSINE	SS/INDUSTRY	
7. FATHER'S NAME (First, Middle				18. MOTHER'S NA		iddle, Meiden Sun	name)	
JOHN W.		10h MAII ING AD	DDESS (Street	MA ¹ and Number or Rural	PPIE	ANN	WIND	SOR
WILLIAM A.		RT. 5		28, LEXI				653
METHOD OF DISPOSITION Burlel 2 Cremellon Donation 5 Other (Sp.		b. PLACE AND DATE OF	F DISPOSITION	I (Name	DATE	20c. LOCAT	ION City or	
23. PART I. Enter the disershock, or heart MMEDIATE CAUSE (Finel disease or condition resulting in death)	b. Left to	d the death. Do not ach lina.	anter the me	oda of dying, suc	ch aa cardi	ac or respirate	ory arrest,	MD. 20737 Approximate interval Betwee Onset and Dea
Sequentially list condition from the large from the	a 12 6	layer be a consequence of: to bice a consequence of:		hage o	with an	exter I hyd	say.	ale,
PART II. Other significant	conditions contributing to death b	out not resulting in	the underlylr	ng cause given in	Part I.	24s. WAS AN AUPERFORME 1 YES 2	0?	4b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
5. WAS CASE REFERRED TO M	EDICAL		26. F	LACE OF DEATH (C	heck only one	a)		
EXAMINER?	HOSPITAL: 1 A inpatient 2 ER/Out	patient 3 DOA 4	THER:	me 5 🗆 Residence	6 🗆 Other	(Specify)		
7. MANNER OF DEATH 1 Natural 5 Per	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	IY W	JURY AT ORK? YES 2 NO	28d. DE\$	CRIBE HOW INJU	IRY OCCURED	
3 Suicide 5 Cox		/ At home, farm, stre	et, factory, offi	ce	28f. LOCA City o	ATION (Street and or Town, State)	Number or Run	al Route Number,
one)	ING PHYSICIAN: To the best of my know L EXAMINER: On the best of examination							e(e) end menner ee stated.
96. SIGNATURE AND THE OF)		29c. LICENSE NU	MBER			EO (Month, Day, Year)
O. NAME AND ADDRESS OF PI	ERSON WHO COMPLETED CAUSE OF DE	Cunning	lour	Dr (3)	139	wyn H	ts 1	12074
1111 8= 199								

AT . THE PERSON OF THE PERSON

. go a vig. and draw a com-

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

5

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VYES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28. PLACE OF DEATH (Check only one) 28. PLAC											
1]	Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY —	28b. TIME C INJUR At home, farm, stre	WORK? M 1 YES 2 NO		Treet and Number of		Number.			
1	XAMINER?	HOSPITAL:	ent 3 DOA 4	THER: Nursing Home 5 Resident	ce 6 Other (Specify	•					
25. W	AS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only one)			YES 2 NO			
PAR	Suzure di	a contributing to death but	not resulting in	the underlying cause given	PE	AS AN AUTOPSY PREDRIMED? ES 2 NO	AMAJ	E AUTOPSY FINDIP LABLE PRIOR TO IPLETION OF CAUS DEATH?			
CAU CAU that resu	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST OUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
	uentielly list conditions,	b					İ				
dise	ase or condition iting in death)	DUE TO (OR AS A CO	0 0	Multiform	<u>e</u>		1	7 mo			
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											
	Clark &	Ulen	1	22. NAME AND ADDRESS OF Hines/Rinald 11800 New Har	mpshire A	venue, S		20904 pr. Md.			
1 N Burial 2 Cremation 3 memoral from State office Place) A Donation 6 Other (Specify) Norbeck Memorial Gardens Olney,								land			
20a. I	Louise Yankelevitz 19400 Rena Court, Brookeville, Md. 20833 20a. METHOD OF DISPOSITION (Name of commency or other place) 20b. PLACE OF DISPOSITION (Name of commency or other place)										
Lewis Yankelevitz Bessie Klonpes 19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Plural Route Number, City or Town, State, Zip Code)											
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)											
E	ementary/Secondary (0-12) 1-12	College (1-4 or 5+) 4 years		done during most of working stred.) Ce Sales	Life	of Virg	ginia				
3 []	Wildowed 4 Divorced 15. DECEDENT'S EDUC (Specify only highest grade		ia. DECEDENT'S US	UAL OCCUPATION	16b. KIND O	F BUSINESS/INDUS	Specify: Wh	iite			
1 🗆	11. MARITAL STATUS 1 Never Married 2 Married 12. Was DECEDENT EVEN IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:			13. WAS DECENDENT OF HISH If yes, specify Cuban, Mex 1 YES 2 NO Soe	ican, Puerto Rican, etc	ly Yes or No— 14 :.)	Black, Whi	merican Indian, Ite, etc.			
104. 3	19400 Rena Cou	irt		20833		USA					
	aryland Mont	gomery	Br	ookeville	- 63		1 🔀	YES 2 NO			
	IDENCE OF DECEDENT	o cricio e 7	10c, CITY, T	OWN OR LOCATION		701		INSIDE CITY			
9a. F/	ACILITY NAME (If not institution, give at	reet and number)	La (D' la)	CITY, TOWN OR LOCATION OF	DEATH		Y OF GEATH				
21	CIAL SECURITY NUMBER 4-34-2109	S. SEX 6. AGE (In y.		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye		BIRTHPLAC Country) Marvl	E (State or Foreign			
					6	29 9		11:100			
m	arshall A		DECEDENT'S NAME (First, Middle, Lest) MARSHALL A. YANKELEVITZ 12. DATE OF DEA MONTH MONTH 23. DATE OF DEA MONTH MONTH								

013832 5

Donald Olney Dillon 20832 MD MD

232 REGISTRAR'S SIGNATURE JUL 1 '91

Rodriguz,

5009

32. REGISTRAP'S SIGNATURE
Juna Devidson Gandoll

MD.

Augusto P.

31. DATE WED (Month, Day, Year)
JUL 9 91

	FOR 1 - STATE REGISTRAR		STATE OF M	IARYLAND /		TMENT ICATE				MENTAI	L HYGIEN	_	91	197	158
	1. DECEDENT'S NAME (First, Midd	dle, Last)									OF DEATH			3. TIME OF DE	ATH
	FRED	ALLE	N V	ARBROUGE	T:					Ju		AY ! T	YEAR 997	11:25	Ам
	4. SOCIAL SECURITY NUMBER		SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or	Foreign
	416-44-8833	1)	XX4 2 □ F	88	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month	26,	1902	Count	abama	
	9a. FACILITY NAME (If not institution	ion, give street	and number)			9b. CITY,	TOWN OR	LOCATIO	ON OF DE		201	_	NTY OF D		
DIRECTOR	4910 Blackfoo		d				lege					E	rin	ce Geor	ge
E		COUNTY			10c. CIT	Y, TOWN OF	LOCATIO	ON						10d. INSIDE CI	TY
#	Maryland P	rince	George		Co	llege	Par	k						LIMITS?	NO
	10e. STREET AND NUMBER				1 00.			ZIP CODE				10g. CIT	ZEN OF	WHAT COUNTRY	
FUNERAL	4910 Blackfo	ot Ro	ad				2	0740				IIni	50+	States	
Z I	11. MARITAL STATUS			T EVER IN U.S. AF	RMED	13 W		V V		HC OBIGIN	12 (Specify Ve			E - American In	dian
BY FL	1 Never Married 2 Marr 3 Widowed 4 Divorced			XX ES 2						uarto Rican, atc.) Black, White, (k, Whita, etc.	orer i	
03		NT'S EDUCATI		16a. DI	ECEDENT'S	USUAL OC	CUPATION	١		16b	. KIND OF BU	SINESS/INC	DUSTRY		
E	(Specify only high Elementary/Secondary (0-12)	1	ollege (1-4 or 5 +	. Hh	e. Do NOT u	work done di se retired.)	uring most	of working	g						
7	10 years				r Cor	nditio	onin	a			Self	Emp]	OVE	3	
COMPLETED	17. FATHER'S NAME (First, Middle,							18. MOTH	ER'S NA	ME (First, I	Middle, Maiden		.0,0	<u> </u>	
BE	James		<i>(arbrough</i>												
5	19a. INFORMANT'S NAME (Type/P			19				d Number	or Rural I	Route Numi	ber, City or Tow	rn, State, Zij	Code)		
	Mary Kather					e as									
	29a. METHOD DF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 6 Other (Spe		I from State	Older C		ersbu						cation – ilder		own, State	oama
	21. SIGNATURE OF FUNERAL SE		SEE			22. N	AME AND	ADDRES	S OF FA	CILITY					
	1.3	1	10-			440	Dona DO Pa	ald ald	V. E r Mi	Borgw 111 F	ardt 1 2d. Be	Funer Itsvi	al F	Home, P	.A.
	23. PART I. Enter the disess	ses, or com	plicationa tha	t causad tha d	aath. Do									Approx	mate
	shock, or heart IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	fallure. Lla	A			Tu	aar	dy	TA	scu	lad o	lise	as	Onest s	Between nd Desth
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentially, list conditions b.														
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesaa or injury		DUE 10	(OR AS A CONSE	QUENCE O	PF):								124	
Ē	that initiated eventa		DUE TO	(OR AS A CONSE	OUENCE C	P):			_						
EH	resulting in death) LAST	d													
PHYSICIAN: MEDICAL C	PART II. Other significant of	onditions of	ypelia	desth but not	resulting	In the un	derlying	csuse (lven in	Part I.	24a. WAS AF PERFO 1 YES	RMED?	24	b. WERE AUTOPS' AMILABLE PRICOMPLETION COMPLETION COMPL	OR TO F CAUSE
Σ										_				1 YES 2	NO
IAN	25. WAS CASE REFERRED TO ME	_					26. PL/	ACE OF O	EATH (Ch	neck only or	ne)				
Sic	EXAMINER?		IOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Nurs	: Ing Homa	5 12 Re	sidence	6 🗆 Othe	r (Specify)				
РНҮ	27. MANNER OF DEATH	dina	28a. DATE OF (Month, D		28b. TII	JURY	28c. INJU WOR	IK?	1	26d. DE	SCRIBE HOW	INJURY OC	CURED	-	
BY	2 Accident Inves	stigation	28a, PLACE C	F INJURY — At h	ome, farm.	street facto	1 VI		NO	261 LOC	CATION (Street	and Numbe	r or Rural	Floute Number,	
TED	- 0 000	ld not be rmined		etc. (Specify)	,		.,,				or Town, State		, or riginal	route number,	
COMPLETED	Correction of the			my knowledga, d										(a) and manner a	a stated.
	296. SIGNATURE AND TITLE OF								ENSE NU					D (Month, Day, Ye	
) BE	Nugusto	X	Koa	ugu	en?	m		1)21	12	30		•	7-	5-	91
5	30. NAME AND ADDRESS OF PER	BEON WHO C	DUPLETED CAU	BE ON DEATH ST	M ETS (No.	e. Printi		•				_			1

Rayburn Court Camp Spring, Md. 20748

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is certificate has been signed by the attending physician and completely filled in by the funeral director, page		
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1. DECEDENT'S NAME (First, Middle,	ast)	OLI	IIII IOAII	E OF DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
WILFRED D.		ERMAN	diritie.		07 0	3 199	1 11:56A			
4. SOCIAL SECURITY NUMBER 174-18-2125	1 🔀 M 2 🗆 F	68	YRS. IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	June 23,	1923	BIRTHPLACE (State or Foreign Pennsylvania			
96. FACILITY NAME (If not institution, HOME - 201 NORTH		[‡] A-6		N, TOWN OR LOCATION OF BALTIMORE CO		9c. COUNTY Balt	of DEATH			
RESIDENCE OF DECEDEN 10e. STATE Maryland			Baltin	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10c. STREET AND NUMBER 201 North Broad	way St Ant	64		101. ZIP CODE		10g. CITIZEN OF WHAT COUNT				
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT I	EVER IN U.S. ARMI		WAS DECENDENT OF HISP If yes, specify Cuban, Mexi- 1 Tes 2 NO Spec	can, Puarto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1 - 1 2	EDUCATION grade completed) College (1-4 or 5 +)	(Give	Do NOT use retired.)	during most of working		USINESS/INDUST	FRY			
17. FATHER'S NAME (First, Middle, Las	t)	1 le	ech. Sta	16. MOTHER'S	IAME (First, Middle, Maide	F. US	Govt.			
(unknow					Zimmerman					
19a. INFORMANT'S NAME (Type/Print) Kathryn L. Zahr		111-		tbrich Dr.,						
23. PART I. Enter the diseases, of complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, Approximate										
21. SIGNATURE OF FUNERIAL SERVI	CE LICENSEE	Lina		name and address of nes/Rinaldi 800 New Ham	Funeral H pshire Ave	ome	209 Spr. Md.			
21. SKINDTURE OF FUNERAL SERVICE 23. PART I. Enter the diseases	of complications that dure. List only one cause	caused the dast	th. Do not anta	name and address of nes/Rinaldi 800 New Ham	Funeral H pshire Ave	ome ., Sil.	Spr. Md. Approximate interval Batwe. Onset and Des			
23. PART I. Enter the diseases shock, or heart fall iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	s. Antore Due to (o	cefúsed the dasta on each lina.	LENCE OF):	NAME AND ADDRESS OF nes/Rinaldi 800 New Ham r the mode of dying, so	Funeral H pshire Ave	ome ., Sil.	Spr. Md. Approximate interval Batwee Onset and Dea			
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	s. Due to (o	CRAS A CONSEQUENT OF AS A CONSEQUENCE OF AS A	UENCE OF):	NAME AND ADDRESS OF NES/Rinaldi 800 New Ham r the mode of dying, se	Funeral H pshire Ave ich se cardisc or res / OS CLUMO	ome ., Sil.	SDr. Md. Approximate interval Batwee Onset and Dea			
23. PART I. Enter the diseases shock, or heart fall iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	s. Due to (o	CRAS A CONSEQUENT OF AS A CONSEQUENCE OF AS A	UENCE OF):	NAME AND ADDRESS OF NES/Rinaldi 800 New Ham r the mode of dying, se	Funeral H pshire Ave ich se cardisc or res ASCUMA in Part I. 24a. WAS PERF	omeSil. piratory arrest, O C C	SDr . Md. Approximate interval Batwee Onset and Deat			
23. PART I. Enter the diseases shock, or heart fail IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions are suiting in death.	DUE TO (O d. HOSPITAL:	DR AS A CONSEQUENCE OF AS	UENCE OF): UENCE OF): UENCE OF): OTHE	NAME AND ADDRESS OF nes/Rinaldi 800 New Ham r tha mode of dying, st CA (V) (U) Inderlying cause given to	Funeral H pshire Ave ich se cardisc or res AS CLUMA In Part I. 24a. WAS / PERF 1 YES Check only one)	OME NAN AUTOPSY ORMED? NO	2090 SDr. Md. Approximate Interval Batwee Onset and Dea			
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111 PENN STREET

DHMH-16 Rev 1/89

MARYLAND

BALTIMORE,

31. DATE FILED (Month, Day, Your) 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAP'S SIGNATURE

JUNE DEVISION APPLEE

San All France

and forward it

2

Robert

31. DATE FILED (Month Day

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

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Barthe

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32. REGISTRAR'S SIGNATURE Julia Tavidson Randon

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be de	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3 TIME OF DEATH YEAR (Jackson 220 PM 07 DORETHA ANTHONY 18 91 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Ybar) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 217-24 1510 BALTIMORE, MD. 1 M 2 F 45 YRS. 6- 9 1946 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10e. STATE 10d. INSIDE CITY BALTIMORE 1 XYES 2 NO 10s. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 802 MANGOLD ST. BALTO. MD. 21223 21223 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced BLACK 0 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY H Elementary/Secondary (0-12) WAITRESS COMPL 17 FATNER'S NAME (First Miciella Last) 16. MOTNER'S NAME (First, Middle, Melden Surname) ETHEL PETTAWAY BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 PAUL H. ANTHONY 802 MANGOLD STREET BALTO. MD. 21223 20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, Btata Burial 2 Cremation 3 Ramoval from State BALTIMORE, MD. MT. ZION 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH H. BROWN JR. FUNERAL HOUL P. A.
1913 W. EALTO. ST. BALTO. MD. P.O. BOX 4433 23. PART I. Enter tha disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Finel Respiratory Fairure - Pheumonial disease or condition resulting in deeth) 5 1/2 HIV DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a. WAS AN AUTOPSY MEDICAL AMAILABLE PRIOR TO Pancreatitis COMPLETION OF CAUSE 1 YES 2 10 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO 1 | Inpetient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Bulcide 6 Could not be COMPLETED 4 Homicide 1 🛣 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. D2681 296. SIGNATURE OF TITLE OF CERTIFIES 29d. DATE SIGNED (Month/ Day, Year) BE MD 91

Linden Ave, Balt MD

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	ME
0	ECEDENT'S NAME (First, Middle, Last)	1 ABDULL DH	2.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL			HEALTH A		ENTAL HYGIENE REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last) SHAHID ZA	KI ABDI	ULLA	H			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
i	4. SOCIAL SECURITY NUMBER 243-74-8239	1 M 2 D F	(In yrs. last birthday)	MONTHS DAY	'S HOURS	MIN.		950 Nor	th Carolina
5	9a. FACILITY NAME (If not institution, give at HOLY Cross Hospit RESIDENCE OF DECEDENT				n on location er Spri		лн	Montgo	
DIREC	10s. STATE 10b. COUNTY	, Prince Georg		. Wash					10d. INSIDE CITY LIMITS7 1 XYES 2 NO
EHAL	6407 Whitwell Ct.				101. ZIP CODE 20744			10g. CITIZEN OF USA	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 📉 NO	If yes		Mexican,	C ORIGIN? (Specify Yes of Puerto Rican, atc.)	or No— 14, RAC Blac Spe	E — American Indian, ck, White, atc. city: Black
COMPLEIED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of v life. Do NOT us CONSU	vork done during ne retired.)	ATION I most of working		16b, KIND OF BUSI	Employ	ed
BE CO	17. FATHER'S NAME (First, Middle, Lest) ALBERT BRITT				В	ETT	E (First, Middle, Maiden S. Y COOLEY	2/4/21/2	
2	Yvonne Abdullah	I.,	6407	Witwel	1 Ct.,F	t. 1	Nashington	,M.D	20744
	20a,METHOD OF DISPOSITION 1 DBurlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	b. PLACE OF DISPOS other place) Evergre	en Cem	etery	OF FAC	Wins	Kennedy	lem, N.C. St.,N.W.
CERTIFICATION	IMMEDIATE CAUSE (Final	DUE TO (OR AS	esch line.	OCY7 F1:					Approximate Interval Between Onset and Death
PHYSICIAN: MEDICAL CI	PART II. Other significent condition	s contributing to deeth	but not resulting	in the under	lying ceuse gi	ven in F	Pert I. 24a. WAS AN A PERFORM 1 YES 24	AED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	6. PLACE OF DE		ck only one) Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY	INJURY AT WORK?	NO	26d, DEŞCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, ecify)	street, factory,	office		281. LOCATION (Street ar City or Town, State)	nd Number or Rura	I Route Number,
COMPLEIED	Torison only	ICIAN: To the best of my know							o(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WH	2 mo	EATH STEM OT G	- Challant	29c, LICEN			29d. DATE SIGNI	ED (Month, Dey, Year)
	STEPHEN STA	AC MD, 8	300 C		RATE	D	2. LAW!	DOUER	2 ULD
	JUL 22 1991 g	who Davidson-Ro	indese						

BOX 68760, BALTIMORE, MARYLAND 21215-0020

Let be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE REGISTRAR

1

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires than the creek certificate be executed within 24

2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH DAY YEAR 20 MAN. 6. AGE (In yrs. leet birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign 1 M 2 F DAYS HOURS VRS 20 4737 Oct 191 Indi Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Suburban Hospital Bethesda Montgomery 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY 1 YES 2 NO Maryland Montgomery Bethesda permit. FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10e. STREET AND NUMBER 101, ZIP CODE Terrace Apt#

12. WAS DECEDENT, EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES burial-transit 7401 Westlake 20817 11. MARITAL STATUS 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)
1 ☐ YES 2 ☒ NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced use as the White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 16b. KIND OF BUSINESS/INDUSTRY 16. DECEDENT'S EDUCATION (Specify only highest grade comp (Give kind of work done life. Do NOT use retired.) funeral director, page 5 should be detached for Elementary/Secondary (0-12) College (1-4 or 5+) 12 Proprietor Dress Shop once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname Ħ Louis Abelman Hannah Dorfman notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20817 2 7401 Apt#1010, Bethesda, Md Beatrice Abelman Westlake Terrace 7-Mg å 20a. METHOD OF DISPOSITION
11/2 Burlet 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND OATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State must alls Church, Va. King David Mem. Grdns. 22 NAME AND ADDRESS OF FACILITY
IVES-Pearson Funeral Homes examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE DAM Falls Church, Virginia 22046 n and completely filled in by the to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fallure. Liet only one cause on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine the disease or condition resulting in death) 20 YRS HATERIOGUERSTIC CARDIOVASCULAR event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate ceuse. Enter UNDERLYING the attending physician Mental Hygiene prior b **CAUSE** (Disease or injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL has been signed by I Dept. of Health and AVAILABLE PRIOR TO AROSTATE CARC HOSPITAL OR ATTENDING PHYSICIAN: The law requires that shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 - YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate ha Item HOSPITAL: OTHER: 1 YES 2 NO ne 5 🗆 Residence 6 🗆 Other (Specify) 4 I Nurs 6 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b, TIME OF 26c. INJURY AT 28d, DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide e Could not be DIRECTOR: / COMPLETED 28 4 Homicide tem 29a. CERTIFIER

Chark and CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. FUNERAL I MPORTANT: IL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and piece, and due to the cause(a) and manner as stated. 296 LICENSE NUMBER 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Dev. Year) 新 BE ZOWU 223 2 30 NAME AND ADDRESS OF PER Q COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 20810 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1991 2 2 whia Davidson-Randell **DHMH-16 Rev 1/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21215-0020	vurs after death. Page 6 may be retained by the hospital or attending physician.	In by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal.	nedical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transft permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CEPTIFICATION

31. DATE FILED (Month) Day 'har)

1	- STATE REGISTRAR		SIAIL OF W	IANT LAN	CERTIF	ICATI	E OF	DEA	ANU N	REG	NO.			
	1. DECEDENT'S NAME (First PHYLLIS	t, Middle, Last) Ü		JCHARD						2. DATE OF DEA	_	199	YEAR	3. TIME OF DEATN 4:50 P
i.	4. SOCIAL SECURITY NUM 139-16-014	17.1	5. SEX	6. AGE (In yrs	: lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRT (Month, Day, N 1-2-19	ber)		8. BIRTH Countr	
r L		S HOPE	street and number)	_ 1 = 1 =				RE C	ON OF DE			9c. COUN BAL	TY OF D	EATN
	RESIDENCE OF DEC	10b. COUNT				Y, TOWN		ION						10d. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	N.J.	Ocea	n		Lak	rewoo		. ZIP COD	E		I de	10a. CITIZ	EN OF W	1 X YES 2 NO
	713-C Dor	chest						087	01				S.A.	
5	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 X Divo		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	ARMED ON X		II yes, sp	ecity Cube	of NISPANI n, Maxican Specify	IC ORIGIN? (Speci , Pusrto Rican, et	fy Ysa or	r No —	14. RACE Black Whi	- American Indian, , White, atc.
	15. DEC (Specify on) Elementary/Secondary (0	CEDENT'S EDU by highest grad 0-12)	JCATION e completed) College (1-4 or 5 +		OECEDENT'S (Give kind of life. Do NOT us	work done se retired.)	CCUPATIO during mo	ON st of working	ng	16b. KIND 0	F BUSIN	ESS/INDU		
-	17. FATNER'S NAME (First, M				10001					ME (First, Middle, M				
1	Raphael 196. INFORMANT'S NAME (1	Urciv	Oli Urciuo	li	19b. MAILING	ADDRESS				a Pelle				
	Diana Diane Litt	lefie	ld		713-0	Dor	ches	Overv	ood br.,	Court, C Lakewo	od.	N.J.	d 208	332 701
	20e, METNOD OF DISPOSIT 1	on 3 🗆 Ren	noval from Stats	20b. PLA cemetery,	CEAND DATE	OF DISPOS	ITION /Na	me of	7-23	OATE 20	c. LOCA	TION — C	tty or To	
	21. SIGNATURE OF FUNERA ROY	H. Ca	censee ther (cet here)		HOOG I C	22.	NAME AN	O ADDRES	SS OF FAC	ILITY			Md	. 21214 d Rd.,Balto
	23. PART i. Enter the dishock, or himmediate cause (Fir disease or condition resulting in death)	aart ranore. nai	a. Myocas	OR AS A CON	Ischer	n. (L	Possi						graf	Unset and Death
	Sequentially list condition if any, isading to immecause. Enter UNDERLY CAUSE (Disease or Injuntation intitated events resulting in death) LAS	diats iNG iry	b. Gange DUE TO (Volu			tis							36d
	PART II. Other algnifica		sevene PV			In the un	dariying	cause g	ilven in P	PE	S AN AU RFORME ES 2 X	D?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEDICAL	HOSPITAL:	FR/Outpatient	3 □ DOA	OTHER	3:			ok only one)				
- 11		Pending Investigation	28s. DATE OF I (Month, Day	NJURY	28b. TIM		28c. INJI WO	JRY AT		Other (Specify 28d, DESCRIBE N		JRY OCCL	IRED	
	3 Sulcide 8	Could not be detarmined	28s. PLACE OF building, e	INJURY — AI tc. (Specify)	home, farm, a	street, fact	ory, affice			281. LOCATION (S City or Town,	treel and State)	Number o	r Rural Ro	oute Number,
			ICIAN: To the best of sx											and manner as stated.
	296. SIGNATURE AND THE	of CERTIFIE	A Co	and				29c. LICE	NSE NUME	BER	21	9d. DATE	SIGNEO	Month, Day, Year)
	00. NAME AND ADDRESS OF		D. Geary				ne (4	ospit	al 6	00 N. a	to 162	. 64	3	

Julia Bridge Randelle

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	9	
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	TO_THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	١
	-	

	1. DECEDENT'S NAME (First, Middle, Last) Mabel Bass			CATE OF DEATH	7/20/91	YEAR 4230
	4. SOCIAL SECURITY NUMBER 244-28-6722	5. SEX 6. AGE	(In yrs. lest birthday) 80 YRS.	FUNDER 1 YEAR FUNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	L BIRTHPLACE (State or Fo Country)
STOR	9a. FACILITY NAME (If not institution, give sin CHURCH HOSPITAL RESIDENCE OF DECEDENT		rion	9b. CITY, TOWN OR LOCATION OF BALTIMORE CI		Y OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c CITY	FLIO		10d. INSIDE CITY LIMITS? 11 YES 2
FUNERAL	100. STREET AND NUMBER 232 h. Rathe	let		101. ZIP CODE 2/23) 10g. CITIZE	N OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 2 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi- 1 YES 29 NO Spec	can, Puerto Rican, etc.)	4. RACE — American India Black, Whita, atc. Specify: Blace
IPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of working in relieved.)	16b. KIND OF BUSINESS/INDU	STRY
E COMPL	17. FATHER'S NAME (First, Middle, Last)	NUNN			NAME (First, Middle, Melden Sumeme)	
TO B	190. INFORMANT'S NAME (Type/Print)	953	19b. MAILING	ADDRESS (Street and Number or Rum)	of House Number, City or Town, State, Zip C	1. 212
	20a, METHOD OF DISPOSITION Surfal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		of cemetary, crematory	or disposition (Name or other place) m Em . P	DATE 200. LOCATION - CO	Lic Conn
	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that cous			resel How 1304	Interval B
	iMMEDIATE CAUSE (Final disease or condition resulting in deeth)	DUE TO (OR AS	den A CONSEQUENCE OF		CVA:	MONUT.
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF			
EDICAL CE	PART II. Other significant conditions	a contributing to daeth	but not resulting i	n the underlying ceuse given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
Σ	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	utpatient 3 DOA	26. PLACE OF DEATH (OTHER: 4 □ Nursing Home 5 □ Residence		
SICIAN: M		26a. DATE OF INJUR		E OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	JRED
PHYSICIAN: M	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year,		M 1 YES 2 NO		
HYSICIAN: M	1 Natural 5 Pending	(1)	RY — At home, farm, a		281, LOCATION (Street and Number of City or Town, State)	or Rural Route Number,

CHURCH HOSPITAL BALTIMORE.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. AEGISTRAR'S SIGNATURE

A.P. Narzermi
31. DATE FILED (Month, Day, Your)
JUL 2 2 1991 Jul

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	L. DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If tiem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITH POPULATION OF PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

						9	1 1	9765
	1 - STATE OF MARYLAN REGISTRAR		TMENT OF H		MENTAL HYGIEN REG. NO	E		3100
	1. DECEDENT'S NAME (First, Middle, Lust) JOHN BORETZ	< 4			2. DATE OF DEATH MONTH	Y 91	3. TI	2 20 PM
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In y)	rs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-8-46	0. 1	Hung	E (State or Foreign
E	9a. FACILITY NAME (If not institution, give street and number) MANOR CARE ROSSUILLE			M b. 2	EATH	9c. COUNTY BAL		
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	100 CIT	Y, TOWN OR LOCAT		20	_ 3/0		INSIDE CITY
DIRECTOR	Md. BAltimore	ioc, Cri	Es	sex 3			1 🗆	LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 352 Townsend Road		101	21221		10g. CITIZEN	USA	DOUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Mildowed 4 Divorced 12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	s or No.— 14.	Black, Whit Specify:	merican Indian, ita, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	ia. DECEDENT'S	USUAL OCCUPATION	ON et of working	16b. KIND OF BU	SINESS/INDUST		200
COMPLET	Elementary/Secondary (0-12) College (1-4 or 5+)	Me. Do NOT us	e retired.)					
MP.	8th 17. FATHER'S NAME (First, Middle, Last)	Barr	el Mal		ME (First, Middle, Maiden			
	TI. FATHER'S NAME (FIRST, MIDDIR, LEST)			141011111111111111111111111111111111111	:====	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a	nd Number or Rural	Route Number, City or Tox	n, State, Zip Coo	de)	
임	Mile Boretzky	352	Townser	nd Road	Baltimo	re Md	.212	21
	1√2 Burial 2 ☐ Cremation 3 ☐ Removal from State	her place)	SITION (Name of cer			CATION — City		
	Donation 8 □ Other (Specify) S Signature OF Funeral Service Licensee	acredH	eartof	Jesusce	metery B	Altimo	ore	MD.
	Connelly Funeral A	lone			neralHom	eofEs	sex	21221
	23. PART I. Enter the diseases, or complications that caused the shock, or heart after. List pnly pna cause on each	ne death. Do i	not anter tha mo	da of dying, suc	h ae cerdiec or reap	iratory arrest	,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardio - Due to (or as a		mary	arre	st			Onset and Death
	DUE TO (OR AS A C	ONSEQUENCE O	F):					
CERTIFICATION	Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING	ONSEQUENCE O	F):					
임	CAUSE (Diseese or Injury that initiated events	ONSEQUENCE O	F):					
E	resulting in death) LAST							
- I	PART II. Other algnificant conditions contributing to deeth but	not resulting	In the underlyin	g cause given in	Part i. 24a. WAS AF	AUTOPSY	24b. WER	E AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	Oranic Bra	oni s	Fundra	me	PERFO		COM	LABLE PRIOR TO IPLETION OF CAUSE DEATH?
	0		0					YES 2 NO
ä								
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	LACE OF DEATH (C/	heck only one)			
IXSI	1 YES 2 NO 1 Inpetient 2 EF/Outpetie		4 Nursing Hon		8 Other (Specify)	IN HARW OCCUR	en.	
	Natural 5 Pending (Month, Day, Year)	28b. TIN	JURY WO	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJUNY OCCUP	ED	
TED BY	2 Accident envestigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — building, etc. (Specify)		street, factory, offic	÷e	281. LOCATION (Street City or Town, State	and Number or	Rural Route	Number,
COMPLETED	29a, CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowled one) 2 MEDICAL EXAMINER: On the basic of examination as						ause(a) and	menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	me	2	29c. LICENSE NU	MBER 25391	29d. DATE 8	IGNED (Mon	th. Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATI	H (ITEM 27) /June	Delet)			,	' /	

Julia Davidson-Randelle

31. DATE FILED (Month, Day, Year)

JUL 2 2 1991

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or a	0 0	=
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2	III HE IN EAU DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	IMPORTANT If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE CO!

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERTIFICA	ENT OF HEALTH AND I	REG. NO.		
	FRANK BRAN	JCH		2. DATE OF DEATH MONTH DA	1 - 41	3. TIME OF DEATH 7:50 AM M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE 577-62-1052 1 M 2 D F	(In yrs. last birthday) IF t	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 2 - 24 -	-Cou	THPLACE (State or Foreign
TOR	98. FACILITY NAME (If not institution, give street and number) PRINCE GEORGES HOSPIT RESIDENCE OF DECEDENT		CHEVERL	ATH	PRINC	
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY D.C. 10b. COUNTY none		wn on Location hington			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	10. STREET AND NUMBER 558 23rd Place, N.E.		101. ZIP CODE 20002			WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexica 1 YES 2/ ND Specify	n, Puarto Rican, etc.)	81	CE — American Indian, ack, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	Ille. Do NOT use reti	AL OCCUPATION done during most of working red.) Driver	I.Payr		
	17. FATHER'S NAME (First, Middle, Lest)		18. MOTHER'S NA	ME (First, Middle, Melden race Fitz	Sumame)	1
BE	Harry Branch 190, INFORMANT'S NAME (Type/Print)	19h MAII ING ADO	RESS (Street and Number or Rural			
2	LeoIa Burris		rningside D			g, Md. 20904
	20a. METHOD OF DISPOSITION 1 Spurial 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify)	Harmony M	N (Name of comotory, cromatory or lemorial Par	k La	cation – city or andover	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE F. Bemard Hunt		22. NAME AND ADDRESS OF FA	CII ITTY	uneral	
ION	Sequentially list conditions, b. Juteston	ACOUSEQUENCE OF):	_	h an cardiac or reapi le fectus a Asiit	ratory arrest,	Approximate Interval Between Onset and Deat
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	A CONSEQUENCE OF):	ilure			
N: MEDICAL C	PART II. Other algoriticant conditiona contributing to death Hypertension History of Alcohol	Ab use	e underlying cause given in	Part I. 24a. WAS AN PERFOR	IMED?	Ab. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATH (C)			
PHYSICIAN:	1 Ves 2 A0 1 Inpetient 2 ER/Ou 27. MANNER OF DEATH 1 Netural 5 Pending 1 Inpetient 2 ER/Ou (Month, Dey, Year)	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT WORK? M 1 YES 2 NO	5 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURED	
ВУ	2 Accident Investigation					

HO COMPLETED AND FOR DEATH (ITEM 27) (Type, Print)

Shin, M.D. Parl

32. REGISTRAR'S SIGNATURE

1991 Julia Davidson-Randelle.

29c. LICENSE NUMBER

DHMH-15 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE O	F DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	MAR)	יים			2. DATE OF D	DAY	YEAR	TIME OF DEATH
	CATHERINE	4	- БО	RNS		7-	9-		7:30AM M
			GE (In yrs. last birthday) YRS.	WONTHS DAY		7. DATE OF BI (Month, Day, 2-17-	Year)	Country)	ACE (State or Foreign
-	9e. FACILITY NAME (If not institution, give street of			9b. CITY, TOW	N OR LOCATION OF DE			INTY OF DEA	
OR	Holly Hill Manor			В	altimore		2 = 1	Baltin	nore
<u> </u>	10e. STATE 10b. COUNTY		10c CITY	TOWN OR LO	CATION			Ti	Od, INSIDE CITY
FUNERAL DIRECTOR		timore		Balt	imore	Y6		1	LIMITS?
¥	10e. STREET AND NUMBER				101. ZIP CODE	1	10g. CI1	TIZEN OF WH	AT COUNTRY?
ÉF	7004 Kenleigh Ro				2121			USA	
BY FUI	1 Never Married 2 Married	WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES ZXNO	If yes,	Specify Cuben, Mexica ES 2 XNO Specify	n, Puerto Rican		14. RACE - Black, 1 Specify:	- American Indian, White, etc. White
	15. DECEDENT'S EDUCATION		16a. DECEDENT'S U			16b. KINI	D OF BUSINESS/IN	DUSTRY	
COMPLETED	(Specify only highest grade comp Elementary/Secondary (0-12) Co	oleted) ollege (1-4 or 5+)	(Give kind of w	ork done during retired.)	most of working				
릴	12		Homem	aker			N/A		
8	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle	, Malden Surname)		
0	John O'Brien					Helen W	Valsh		
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Stre	et end Number or Rural i	Route Number, C	ity or Town, State, Z	ip Code)	
2	Mary Cyphers		7004 K	enleig	h Road Ba	ltimore	e. Maryl	and 21	1212
	20s. METHOD OF DISPOSITION XX Burial 2 Cremetion 3 Removal		20b. PLACE OF DISPOS				20c. LOCATION -		
- 1	XLX Buriel 2	from State	ocean Cou	nty Me	morial Par	rk	Tom's R	iver,	New Jersey
	21. SIGNATURE OF FUNERAL SERVICE LICENS	EE Ken	aki	22, NAM	AND ADDRESS OF FA	CLUTY Mitche	ell-Wied	efeld	Home
	Dennis Stephen			6500	York Roa	d Balti	more. M	arvla	nd 21212
	23. PART I. Enter the diseases, pr com- ahock, or heart fellure. List	only one ceuse o	n eech ilne.	ot enter the	mode of dying, suc	h ss cardiec	or reepiratory s		Approximsta Interval Between Onset and Death
	iMMEDIATE CAUSE (Final diseases or condition resulting in death)	Arteric	sclerotic	Card	io vaxu la	- Dix	an		Year
		OUE TO (OR A	AS A CONSEQUENCE OF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR /	AS A CONSEQUENCE OF):					1
<u>S</u>	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEQUENCE OF						-
FE	that initiated events resulting in deeth) LAST	DUE TO (OH)	AS A CONSEQUENCE OF):					
EDICAL	PART II. Other significant conditions co	ontributing to deat	th but not resulting i	n the underl	ying ceuse given in	Part i. 24a	PERFORMED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
음						10	YES NO		COMPLETION DF CAUSE OF DEATH?
M						_		1	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		QTHER:	. PLACE OF DEATH (C)	neck only one)			
YSI			Outpatient 3 DOA	4 Nursing	iome 5 🗆 Residence	8 Other (Sp	ecify)		
	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJU (Month, Day, Ye		JRY	INJURY AT WORK? YES 2 NO	28d. DESCRI	BE HOW INJURY O	CCURED	
FED BY	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJ building, atc. (IURY — At home, ferm, a	treet, fectory, (office		N (Street and Numb wn, State)	er or Rural Ro	ute Number,
COMPLET	29e. CERTIFIER (Check only one)	The state of the s							
	2 MEDICAL EXAMINER: 0	n Briefmann or examir	and/or investigatio	n. In my opinio	n, death occured at the				end menner as stated. Month, Day, Year)
TO BE		Jan VI	Am		D-1	1041	▶ 0	7. Jul	491
-	30. NAME AND ADDRESS OF PERSON WHO CO	19 760	DU OS (-cr)	Print) St	e 315 T	ousan	mg.	2120	4
	31. DATE FILED (Morith, Day, Ybar) JUI 2 2 1991	32. REGISTRAR'S	SIGNATURE Randell						
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2--curs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
JUL 2 2 1991

Julia Davidson-Randall

1. DECEDENT'S NAME (First, Middle, Last) AUDREY R	В	ONTYA				2. DATE O MONTH JULY	. DAY	1991	YEAR	3. TIME OF DEATH
	6. SEX	6. AGE (In yrs. In	st birthday) IF to MON		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Ybern, 20,	1923	County	PLACE (State or Foreign aryland
9e. FACILITY NAME (# not institution, give etre 193 Stanmore Road RESIDENCE OF DECEDENT	et and number)		9b.	TOWSON		EATH	1	Ba I		
10a. STATE 10b. COUNTY Maryland Balti	more		TOWSON	WN OR LOCATIO	N					10d. INSIDE CITY LIMITS? 1 YES 2 NO
193 Stanmore Road					21212				USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2	MED NO		IDENT OF HISPA Ify Cuben, Mexico NO Specia	in, Puerto Ri		or No—	Speci	— American Indien, t, White, etc. by: 1110
15. OECEOENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12) 12 Years	NTION ompleted) College (1-4 or 5+)	(0	ECEDENT'S USU. Sive kind of work of the Do NOT use red Homema		of working	16b.	KIND OF BUS			11.00
17. FATHER'S NAME (First, Middle, Lest) William J. Bohli					16. MOTHER'S NA	Ruth	M. Ea	son		
John M. Bontya				inmore F			re, Md			
20s. METHOD OF DISPOSITION 1 All Burlel 2 Cremetion 3 Remov 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIGHT			aney va	disposition (A		7/	20c. LOC	moniu	-	Maryland
Thomas Joseph	seph S	zez		Mitche	ADDRESS OF FA	iefelo	Home			
10.00	Bozek mplications that list only one cause		D	Mitche 6500 Y	ADDRESS OF FA 11-W1e0 ork Roa	defelo ad, Ba	d Home altimo	re, M	2 עו	1212 Approximate Interval Between
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OHMH-16 Rev 1/89

3. TIME OF DEATH

9:15 P

BIRTHPLACE (State or Foreign Country)
 MARY LAND

4. SOCIAL SECURITY NUMBER

216-20-6107

COLLINS

IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.

Maybelle

1 M 2 F

5. SEX

D

64

6. AGE (In yrs. lest birthday)

FRANKLIN :		OSPITAL		ROSSVIL		Balti	more	County
FRANKLIN : RESIDENCE OF 100. STATE MARYLAND	10b. COUNTY	ALTIMORE	10c. CITY,	TOWN OR LOCATION DUNDALK	- 1	Vity.		. INSIDE CITY LIMITS? YES 2 NO
100. STREET AND NUM	BER			101. ZIP CODE	22	10g. CITIZE	EN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 3 Widowed 4	Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	NO NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES Z. NO Spec	NIC ORIGIN? (Spec	Ify Yes or No— 1		American Indian.
3 Widowed 4 15. (Specific Elementary/Seconds 1 2 TH G 17. FATHER'S NAME (Fire Table 2 The Control of the Contro		CATION o completed) College (1-4 or 5+) N/A	(Give kind of we	SUAL OCCUPATION Ork done during most of working retired.) ERIA WORKER		TIMORE C		'SCHOOLS
JOSEPH W.	KEARINS	8		DORO	AME (First, Middle, A	SCHAFER	4	
JAMES. G.	COLLINS,	21	8114 1	ADDRESS (Street and Number or Rural MID HAVEN ROAD OF DISPOSITION (Name	BALTIM	ORE, MAR	RYLAND	
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	1. DECEDENT'S NAME (First, Middle, La		CERTIFI	CATE OF DEATH	2. DATE OF DEATH MONTH D	AY Y	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	P (1		07 2	19	10538
	215-18-2261	1 🗆 M 2 💢 F	E (In yrs. lest birthday) 9 2 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN	(Month, Day, Year)	199	BIRTHPLACE (State or Fo
TOR	9a. FACILITY NAME (If not institution, git St. Agnes RESIDENCE OF DECEDENT	Huspital		By Himor,	MD, 21207	9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COL	Baltimore	10c. CITY	TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2
ERAL	106. STREET AND NUMBER 3 330 W.	Thens Ave		161. ZIP CODE 2 1 2	29	10g. CITIZEN	S A
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 (100)	13. WAS DECENDENT OF HIS If you, specify Cuben, Mei 1 YES 2 NO Spe	rican, Puello Rican, etc.)	s or No- 14	RACE — American India Black, White, etc. Specify: White
LETED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) College (1-4 or 8 +)	16a. DECEDENT'S L (Give kind of w life. Do NOT use HOMEM		166. KIND OF BU		ТЯУ
COMPL	17. FATHER'S NAME (First, Middle, Lest) William		Tromon	18. MOTHER'S	NAME (First, Middle, Malden		
8	19a, INFORMANT'S NAME (Type/Print)	Termerr	10h MAII ING	ADDRESS (Street and Number or Ru	mma Wain	on Chain 7in A	wiel
5	Mrs. Mr. Will	iam B. Rush		hite Oak Drive			aryland 21
	20a, METHOD OF DISPOSITION 1 🖂 Surial 2 🗆 Cremation 3 🗆 F		20b. PLACE AND DATE	OF DISPOSITION (Name			y or Town, State
	4 Donation 5 Other (Specify)		of cometary, crematory Loudon	Park Cemetery		Baltim	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	10	22. NAME AND ADDRESS OF	AHOLOS		ral Home
	telle	#1	- 1.	1 1328 Sulphu		7 - 1	
			1		r Spring Ro		
(23. PART I. Enter the diseases, shock, or heart failu immediate cause (Finel disease or condition resulting in death)	a. Comou	each ilna.	ot enter the mode of dying, s	such as cardisc or reap		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

VIRGINIA ISABELLA AT TEMPERATOR OF THE PROPERTY OF THE PROPE FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, CIVILETTI		VIRG RGINIA	INIA ISA	BELL	E CI	VILE	TTI	2. DATE O	07-16		YEAR	3. TIME OF DEATH 2:50 D M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	J 9 I	s. BIRTH	IPLACE (State or Foreign
	306-18-3068		1 🗆 M 2 💢 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	25-17		Counti	York
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY	, TOWN	OR LOCATION OF DI			9c. COU	NTY OF D	
DIRECTOR	GREATER BA	LTIMO	RE MEDICA	AL CENTER	?	TO	WSO	NN			BAI	TTM	DRE
Si l	10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION					10d. INSIDE CITY
ㅂ	Maryland	Ва	altimore		E	Balti	more	9					1 TYES XXXIO
AL	10e. STREET AND NUMBER						101	. ZIP CODE	-		10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	417 Dunkir	k Road						21212				USA	
	11. MARITAL STATUS 1 ☐ Never Merried XX	Vitarriad	12. WAS DECEDED FORCES?	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? In, Puerto Ri	(Specify Yee can, etc.)	or No-		E — Americen Indien, k, White, atc.
B⊀	3 Widowed 4 Dive	orced		MAR OR DATES			1 [] YES	ecity Cuben, Mexica 2 (1) Max. Specif	fy:			Spec	White
	15. DEC (Specify onl	EDENT'S EDI y highest grad	UCATION le completed)	(Gi	ve kind of	USUAL O	CCUPATION MO	ON ast of working	16b. I	KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)		se retired.) Broke	r			Rea	ıl Es	state	
0	17. FATHER'S NAME (First, M	fiddle, Last)						18. MOTHER'S NA	ME (First, MI	iddle, Malden	Surname)		
BE C	Julian Al	exande	er Mulle	r				May N	Mulady	7			
0 8	19a. INFORMANT'S NAME (,,						and Number or Rural					
-	Benjamin R.							ad Monkt	con, Ma				
	20a, METHOD OF DISPOSIT		noval from State	other ob	ece)			metery, crematory or	7/7	200			own, State
	4 □ Dogation 5 □ Other 2L SUBJECTURE OF FUNERA	Ladmoced	census.	Dulan	iey v			em. Gar.		lqLuti	ervi	.iie,	Maryland
	Klenness	rigani	nuena	Rus				Mi	itche]	ll-Wie			
Щ	Dennis 23. PART i. Enter the d		nén Xenak									Maryland 21212	
ION	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme	nal tions,	b		a ex	OF):	ivel	y involv	ring r	ight	lung	,	Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Injuthat initiated events reaulting in death) LAS	ING Ury	c	O (OR AS A CONSE	OUENCE O	OF):							
	PART II. Other significa	ant condition	ons contributing to	o death but not r	eauiting	in the u	ndariyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	241	b. WERE AUTOPSY FINDINGS
WEDICAL	Cardiac a	arryth	mia							PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
밀									_	124 120 2			OF DEATH? 1 Mary YES 2 □ NO
SIA	25. WAS CASE REFERRED TEXAMINER?	TO MEDICAL	HOSPITAL:					LACE OF DEATH (C	heck only one)			
PHYSICIAN:	1 TYES 2 NO			☐ ER/Outpetlent 3	□ DOA	4 - Nu		ne 6 🗆 Residence	6 🗆 Other	(Specify)			
		Pending Investigation		FINJURY Day, Year)	26b. TII	ME OF IJURY M	W	JURY AT ORK? YES 2 NO	28d. DES	CRIBE HOW I	NJURY O	COURED	
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY A1 ho j, etc. (Specify)	me, farm,	street, fac	tory, offi	ce		TION (Street or Town, State)		er or Rural	Route Number,
LET	290. CERTIFIER	TIEVING BUV	DICIAN: To the heat	ol any kaominana ata	eth annu		time det			-/->		at a d	
COMPLETED	(Critick Only	100	SICIAN: To the best of										(e) end manner ea stated.
BE C	29b. SIGNATURE AND TITLE	E OF CERTIFI	EB					29c. LICENSE NU	MBER		29d. DA	TE SIGNE	D (Month, Day, Year)
10 B	Lever	H. (Fearlier	AID.				D30	206			07-	17-91
F	30. NAME AND ADDRESS C	F PERSON	4	,	, , ,,								
	Steven H. F.	Pearlm	Julia David	GBMC 6	701	N. Cl	narl	es Stree	t: To	wson l	\sqrt{D} 2	1204	
		991	Julia Davi	Son-Rande	82								
\Box	101 661	JJ1	1										



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	FOR STATE REGISTRAR	STATE OF MARYL		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) Marie A	Dowling	ddie Dow		2. DATE OF OEATH DAY	10
	4. SOCIAL SECURITY NUMBER 219-14-0565	5. SEX 6. AGE (UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	7, DATE OF BIRTH (Month, Day, Year) 12 14 08	8. BIRTHPLACE (State or Foreign Country) Md.
2, 3 should	9a. FACILITY NAME (If not institution, give at	med Cir	98	Balhmore		c. COUNTY OF OEATH
L. Pages 1, 2, 3 :	RESIDENCE OF DECEDENT (10e. STATE 10b. COUNTY			own or location		10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER 524 South Savage	Street		101. ZIP CODE 21224	10	0g. CITIZEN OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Never Merried 2 Merried 3 McWidowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mes 1 YES 2 NO Specify Cuben, Mes		No— 14. RACE — American Indian, Black, White, atc. Specify: White
D Z1Z1D spital or attented for use an	15. DECEDENT'S EDUC (Specify only highest grade Etementary/Secondary (0-12)		Ille. Do NOT use re	done during most of working	7aver	
MARYLAND: retained by the hospital S should be detached to tottifled at once. TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Marion James Sh	anklin		Mary	NAME (First, Middle, Melden Sun Hutchinson	
- 2 2 0	Audrey J. Shanks		1951 F	rames Road Du	ndalk, Md. 21	222
MOKE pe 6 may rector, pa	20e. METHOD OF DISPOSITION 100 Burlel 2 Cremation 3 Remo	oval from State of	b. PLACE AND DATE Of Competary crematory or	emeteru	7-23-91 Park	rion — City or Town, State RVILLE, Md.
BALTIMOR after death, Page 6 m y the funeral director, moval. ical examiner musi	21. SIGNATURE OF FUNERAL SERVICE LIC	O. Zelen		Charles S.		Inc. Eastern Ave.
68760, secuted within 24 nours aft and completely filled in by build, cremation, or remotile event, the medical ON	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Respiratory	Failure A CONSEQUENCE OF):	Pulmonary SMOK		Approximate interval Between Onset and Death
th certificat ending phy Hygiene p or other	ir any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR AS A	CONSEQUÊNCE OF):	SMOKI	NO	F 1 4 1 7 4 5 :
OF VITAL RECORDS, PYPSICIAN: The law requires that the death his certificate has been signed by the after with the State Dept. of Heath and Mental ked, or item 23 shows any injury, or the TYSICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to death I	out not resulting in	the underlying ceuse given	in Part I. 24a. WAS AN AU PERFORME 1 □ YES 2	ED? AWAILABLE PRIOR TO
F VITAL F SICIAN: The law recrificate has be the State Dept.	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATH THER: Nursing Home 5 Resider	The second second	
	27. MANNER OF DEATH 1 Naturat 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJURY AT	28d. OEŞCRIBE HOW INJI	URY OCCURED
SI SI SI SI SI SI SI SI SI SI SI SI SI S	3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stri	et, factory, office	28f. LOCATION (Street end City or Town, State)	I Number or Rural Route Number,
	onel -			at the time, date end place, and in my opinion, death occured at		or as stated. due to the cause(e) and manner as stated,
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	296. SIGNATURE AND TITLE OF CERTIFIE	DOX 1	LOMAN	29c. LICENSE	NUMBER .	PM. DATE SIGNED (Month, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WI CJ Winchell N	nd, Fskin	10, Ball	finome had 2	4224	/ / /
	31. DATE FILED (Month), Day, Your)	132. ABGISTRAR'S SIG	NATURE CONDICTION			

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	1. DECEDENT'S NAME (First, Middle, La							TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		LLIAM DOWNE					JU			991	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	. AGE (In yrs. last bi	rthday) IF UN YRS. MONTH	HS DAYS	HOURS MIN.	7. DA	TE OF BIRTH onth, Day, Year)		s. BIRTH Count	IPLACE (State or Form
	218-10-6056 9e. FACILITY NAME (If not institution, gi		73					RCH 20	_		TIMORE, M
Œ	2907 STAFFORD S				BALTI	OR LOCATION OF I	DEATH		9c. COUN	ITY OF D	EATH
5	RESIDENCE OF DECEDENT										
DIRECTOR	MARYLAND 10b. COU	INTY	1	Oc. CITY, TOW							10d. INSIDE CITY
	10e. STREET AND NUMBER			BA	LTIMO						T YES 2 N
FUNERAL	2907 STAFFORD S	TREET			10	21223				S.A	VHAT COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT E	VED IN U.S. ADME	n T	12 440 05						
BY FL	1 Never Married 2 N Married 3 Widowed 4 Divorced	FORCES? 1 V	YES 2 NO		If yes, sp	CENDENT OF HISP/ pecify Cuben, Maxic \$ 2 X NO Spec	can, Puerl	GIN? (Specify Wood of Rican, atc.)	es or No—	Black	- American Indian k, White, etc.
	15. DECEDENT'S E (Specify only highest gr	DUCATION	16a. DECEC	DENT'S USUAL	L OCCUPATI	ION	T 1	6b. KIND OF BU	USINESS/INDL	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give I life. Do	kind of work do NOT use retire	one during mo id.)	ost of working					
COMPLET	6TH GRADE		CRANI	E OPER	ATOR		R	EVERE (COPPER	& 3	BRASS
8	17. FATHER'S NAME (First, Middle, Last)	D 0111111				18. MOTHER'S N			n Sumeme)		
H	WILLIAM THOMAS	DOWNEY				REGINIA					
2	19a. INFORMANT'S NAME (Type/Print)					and Number or Rura					
	GARY L. DOWNEY					DOW ROAL					
	1 X Buriel 2 Cremation 3 R	amoval from Stata	20b. PLACE AND cemetery, cremate	ory or other pla	ice)		1		OCATION — C		wn, State
		AICENSEE 7 /7	LOUDON				7/	22 B	ALTIMO	KE	
	- Cackin Al	Skann	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC								
	23. PART LEnter the diseases, of shock, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause	on each line.	Do not en	4107 Iter the mo	WILKENS	AVEN	NUE. BA	LTTMO	RE,	Approximat
EDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	B. DUE TO (OR	AS A CONSEQUE	NCE OF):	4107 iter the mo	WILKENS ode of dying, su	AVEN	NUE. BA	NAUTOPSY	pet,	MD . 2122 Approximat Interval Bet Onset and I
MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	B. DUE TO (OR	AS A CONSEQUE	NCE OF):	4107 iter the mo	WILKENS ode of dying, su	AVEN	NUE, BA	NAUTOPSY	pet,	Approximatinterval Bet Onset and Ons
MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OH	AS A CONSEQUE	NCE OF):	4107 iter the mo	WILKENS ode of dying, su	AVEN ch as ca	PERFO	NAUTOPSY	pet,	Approximatinterval Bet Onset and Ons
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PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent conditions are suiting in death and conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. DUE TO (OR d. D. D. D. D. D. D. D. D. D. D. D. D. D.	eth but not resu	NCE OF):	underlyin. 26. PI ER: Nursing Hom 28c. INJ	WILKENS Dide of dying, su g cause given in LACE OF DEATH (C) THE S Mesidence JURY AT JURY AT JURY AT	AVEN ch as ca	PERFO	NAUTOPSY PRIMED?	24b.	Approximat Interval Bet Onset and I Onset
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BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsees or injury that initiated events resulting in death) LAST PART II. Other significent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Suicide 6 Could not detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PH	DUE TO (OH DUE TO	eth but not resultive at home, (Specify)	NCE OF): NOTH OTH A IN TIME OF INJURY M farm, street, f	underlying 28. PI ER: Nursing Hom 28c. INJ 10 10 10 10 10 10 10 10 10 10 10 10 10 1	WILKENS Dide of dying, su Grause given in LACE OF DEATH (C) The 5 Residence JURY AT YES 2 NO	AVEN ch as ca ca ca ca ca ca ca ca ca ca ca ca ca	24a. WAS AI PERFO 1 YES CATION (Street y or Town, State ouse(s) and me	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. 24b. URED or Rural R	Approximat Interval Bet Onset and I Onset
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BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significent condit examiner? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation in death learning investigation i	DUE TO (OH DUE TO	eth but not resultive at home, (Specify)	NCE OF): NOTH OTH A IN TIME OF INJURY M farm, street, f	underlying 28. PI ER: Nursing Hom 28c. INJ 10 10 10 10 10 10 10 10 10 10 10 10 10 1	WILKENS Dide of dying, su Grause given in LACE OF DEATH (C) The 5 Residence JURY AT YES 2 NO	AVEN ch as call the character of the call the call the call to the call the	24a. WAS AI PERFO 1 YES CATION (Street y or Town, State ouse(s) and me	N AUTOPSY RMED? 2 NO INJURY OCCU	24b. 24b. Add. Cause(a)	Approximat Interval Bet Onset and I Onset
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STATE OF MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE	OF DEATH	REG. NO.

1 - STATE REGISTRAR		STATE OF MA				F DEATH	MEN	REG. NO.			
1. DECEDENT'S NAME (First	Middle, Last)						2. D	ATE OF DEATH	Y	YEAR	3. TIME OF DEATH
A. SOCIAL SECURITY NUMBER		J. Doyle				T		07/19/91			4:10 A
215 32 1	372	1 🗆 M 2 🛣 F	AGE (In yrs. la:	YRS.	IF UNDER 1 YEAR	HOURS MIN.	000	ot. 2, 1	896	8. BIRTI- Counti	MD
9a. FACILITY NAME (If not in				0 = 1	b. CITY, TOW	OR LOCATION OF			9c. COU	NTY OF D	EATH
Wicomi RESIDENCE OF DEC	CO Nurs	sing Home				Salisbur	у		Wi	comi	co
MD MD	10b. COUNTY	licomico			TOWH OR LO Salist						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER BOOT	n St.					101. ZIP CODE 2180	1		10g. CIT		A A
11. MARITAL STATUS 1 Naver Merried 2 3 Wildowed 4 Divo	Merried	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2.		If yes,	ECENDENT OF HISP specify Cuben, Mexi ES 2 NO Spec	cen, Pue		or No—	Black	American Indian, c, White, atc.
	EDENT'S EDUCA highest grade of		16a. Di	aive kind of wo	SUAL OCCUPI rk done during retired.) Memake	most of working		16b. KIND OF BUS	INESS/IN	DUSTRY	
17. FATHER'S NAME (First, A. Samu		es Windson						rst, Middle, Meiden Le Shane			
Mr. Patric		ndrzejewsk	ci 16	2830	N. Cal	vert St.	el Route I	Number, City or Town Baltimor	e, M	d.	21218
20a METHOD OF DISPOSIT 1 A Buriel 2 Cremetic 4 Donation 5 Other	ON n 3 🗆 Remov (Specify)	val from Steta	20b. PLACE other p B	of disposi	rion (Neme of re Nat	cometery, cremetory of cional Ce	me.		ation —		
21. SIGNATURE (FUNERAL)	OIIIKA		MITCHELL-					FELD HOM Balti			. 21212
23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentielly list condit if eny, leeding to imme cause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS	dona, diete NG	OUE TO (O	Pneu	e. Monia OUENCE OF) Priosc OUENCE OF)	leroti	c Vascula			ratory an	reat,	Approximate interval Betwee Onset and Des 1 Day years
PART II. Other signification	nt conditione	contributing to de	eth but not	resulting in	the underly	ing cause given	In Part	I. 24s. WAS AN PERFOR	MED?	248	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T EXAMINER?		HOSPITAL:			26 OTHER:	PLACE OF OEATH	Check on	ly one)			
-20	Pending Investigation	1 Inpatient 2 E	JURY	20b. TIME	OF 28c.	ome 5 Residence INJURY AT WORK? YES 2 NO	-	Other (Specify) DESCRIBE HOW I	NJURY OC	CURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF I building, etc		ome, farm, st	reet, factory, o	ffice		LOCATION (Street of City or Town, State)	and Numbe	r or Rural	Route Number,
one)		IAN: To the best of m									s) and menner ee stated.
296. SIGNATURE AND TITLE	OF CERTIFIER		>			29c. LICENSE N	UMBER	6	29d, DAT		(Month, Day, Year)
30. NAME AND AODRESS O	F PERSON WHO	COMPLETED CAUSE	OF DEATH (IT	EM 27) (Type,	Print)		んしん			9/1	13/31



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BALTIMORE, MARYLAND 21203-3146

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e has be	te Dept.	т 23	
certificat	the Sta	, or ite	
fler this	eath with	marked	
CTOR: A	after de	28 is	
AL DIRE	72 hours	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
FUNER.	1 within	HTANT:	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely imed in by the funeral director, page 5 should be detached for use as the burial-trans	be filed	IMPO	

DECEDENT'S NAME (First, Middle, Last)	0					DATE OF DEATH DAY	, y	3. TIME OF DEATH
SOCIAL SECURITY NUMBER	5. SEX 6. 4	GE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24	une 7 f	DATE OF BIRTH		BIRTHPLACE (Sale or Foreig
219-18-1888	1 🗆 M 2 🔀 F	99 YRS.	MONTHS DAYS		MIN.	Month, Dev. Voer) 05/05/189	2	Maryland
Jenkins Memorial			96. CITY, TOWN 1000 S			enue		of DEATH altimore
RESIDENCE OF DECEDENT 10b. COUNTY	,	10c. CI	ry, TOWN OR LOCA	TION				10d. INSIDE CITY
Managara Dala								LIMITS?
Maryland Balt Oo. STREET AND NUMBER	timore		Arbu	1. ZIP CODE			10a. CITIZE	N OF WNAT COUNTRY?
311 Highview Aver	nue			212	227		US	
1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	res 2 THO	If yes, a		Mexican, Pu	RIGIN? (Specify Year earto Rican, etc.)	or No— 14	RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATI	ON out of working		16b. KIND OF BUSI	NESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	ise retired.)	out or working				
8		Dieti	cian				th Ca	re
7. FATNER'S NAME (First, Middle, Last)	14.				-	First, Middle, Maiden S		
Leopold A. Klu	uay					ina W. Kr		
9a. INFORMANT'S NAME (Type/Print)						Number, City or Town, imore, Ma		
John J. Sweeny								
toa. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem	oval from Stata	20b. PLACE OF DISPO			tory or			y or Town, State
Donation 5 Other (Specify)	ENGE	woodlaw	n Cemete	ND ADDRESS	OE 640" "		xarawr	, Maryland
Jugal J. am						Home, In	nc. d. Art	outus, Md. 2
snock, or heart fallure.	List only one cause of		not enter the m	oda of dylng	g, such se	cardiac or reapir	atory arres	
MMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cong DUE TOGON a. Arlin		Heat the Co		ilun			Interval Bett Onest and D
MMEDIATE CAUSE (Finel disease or condition resulting in death)	DUE TO OR	on each line. As a CONSEQUENCE CONSEQUENC	Head The Ca		ilun	e		Interval Bets Onset and D
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR d.	AS A CONSEQUENCE C	Heart on: the Car	Fa	Vas	e seules D.	AUTOPSY MED?	24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CALL OF DEATH?
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MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent condition 1. Ves 2 No 7. MANNER OF OEATN 1. Natural 5 Pending Investigation 2. Accident 3 Suicide 6 Could not be distarmined 19a. CERTIFIER (Check only one) 2. MEDICAL EXAMINE	DUE TO (OR C. DUE TO (OR d. HOSPITAL: 1 Inputient 2 ER 28a. DATE OF INJ. (Month, Day, Y 28e. PLACE OF INJ. building, atc.	AS A CONSEQUENCE COMMENT OF THE PROPERTY OF TH	Heart Fig. Low Constitution of the underlying the	PLACE OF OEA TORK? YES 2 Toe Toe and place, a death occured	ven in Pari	According to the course (a) and place, and p	MUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement of the completely filled in by the funeral director, page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been consistent and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of the construction of the completely filled in by the funeral be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEI		1 15110
1. DECEDENT'S NAME (First, Middle, Last) Boulder Ed 4. SOCIAL SECURITY NUMBER	word 5. SEX 8. AGE (In v	rs. last birthday) IF UND	DER 1 YEAR IF UNDER 24 HRS.	2. DATE OF DEATH HONTH 7 7. DATE OF BURTH	DAY / 9 1 YE	3. TIME OF DEATH D. O M BIFTTHPLACE (State or Foreign
230 054997 Se. FACILITY NAME (II not institution, give	1 MM 2 DF 83	YRS. MONTH		Marth, Chy. Hage	2	VIRGINIA
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT W. S. T. T. T. T. T. T. T. T. T. T. T. T. T.	N	10c, CITY, TOWN	3 afterior		Ba	10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER 170 2 V. S. 11. MARITAL STATUS 1 Never Married 200 Merried	um St	1 Bear	101. ZIP CODE 21213		10g. CITIZEN	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12/ WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	2 100	3. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic 1 YES 2 NO Specific Company No. 1	can, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		GENER	ne during most of working d.)	,	usiness/indust	N.
17. FATHER'S NAME (First, Middle, Last)	FITZH	UGH L BOUI	DIN TONE	AME (First, Middle, Maide	on Sumarhe)	
SHIRLEY B.	RANDALL	2605	HALCYON	AVE. BA	110, M	d. 21214
20a. METHOD OF DISPOSITION 10 Burlal 2 Cremetion 3 Rei 4 Donation Donation Coperity 21. Signature of Superial Service L		LACE AND DATE OF BE petary, crematory or of the Ltimore (SPOSITION (Name or place) CEMETERY 22. NAME AND ADDRESS OF I	7-22 B	ocation - chy	Md. 21201
Dann	B. Cagl		4611 PARK	HEight		JONES F. H. BAlto. Md. 15
23. PART I. Enter the diseases, shock, or heart failure shock, or heart failure immediates or condition resulting in death)	s		-> Peri		priatory arrest	, Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):	Hickory			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	one contributing to deeth but	not resulting in the	underlying ceuse given	in Part I. 24a. WAS / PERF 1 🗆 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL		26. PLACE OF DEATH (Check only one)		
	1 Propertient 2 ER/Outpet	28b. TIME OF INJURY	Participation S Residence Scale Residence Residence Residence Scale Residence Re	8 Other (Specify) 28d. DE\$CRIBE HOV	Y INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e, PLACE OF INJURY -	At home, farm, street,		28f. LOCATION (Stree City or Yown, Sta	et and Number or I	Rural Route Number,
(oraca ora)	SICIAN: To the best of my knowled					ouse(e) and menner as stated.
Aug History	M.D. /	Berilant	ply Are	UMBER	P 9	1/8/8/
21. DATE PILED (Month) Day, Year)	enda mo	225.C.	seme st]	7		. 151
Personal Company of the Company of t	32. REGISTRAN'S SIGNAT	son-Randell				DHMH. 18 Rev 1/

BALTIMORE, MARYLAND 21203-3146

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7 1	ly fil	ation	ž
TO THE HOSPITAL ON THE SIGNAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained	TO THE FUNERAL DIFFACE THE APPLIANCE Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 show	be filed within 72 hours after the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified
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STATE	0F	MARYLAND	/ DEPART	MENT OF	HEALTH	AND	MENTAL	HYGIENI
			ERTIFIC	CATE O	F DEAT	(H		REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E	13111
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN		3. TIME OF DEATH
	Thea Jon	es	Ellis			монтн 07 ^{ва}	20 91	11:45 pm
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In		UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTNPLACE (State or Foreign
	217 O1 3179 9a. FACILITY NAME (If not Institution, give stre	1 PA 2 PF 86	YRS.	CITY TOWN OF	HOURS MIN.	APRIL 18 19	9c. COUNTY OF	ARYLANO
TOR	BERLIA NURSI	anoth In		BER	Lin		WORL	ESTER
띭	10a. STATE 10b. COUNTY		10c. CITY TO	OWN OR LOCATION	ON			tod. INSIDE CITY LIMITS?
FUNERAL DIRECTOR	MARYLAND BALT	moes	17	ARKYIJ	ZIP CODE		10- OFFITEN O	1 ☐ YES 2 🔀 NO
RA	DI OL	- Par. 1	2-00	101.	all core		log. CHIZEN O	C \
빌	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	IS ARMED	13 WAS DECE	NDENT OF HISPAN	IC ORIGIN? (Specify Yes	07 No. 14 B	ACE — American Indian,
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced		2. NO		cify Cuban, Maxican	, Puarto Rican, etc.)	В	leck, White, atc.
_	15, DECEDENT'S EDUCA	TION I	6a. DECEDENT'S USU	IAL OCCUPATION	м	16b. KIND OF BUS	INESC (INDUSTR	W3112
COMPLETED	(Specify only highest grade co	ompleted)	(Give kind of work life. Do NOT use rel	done during mos		IGE. KIND OF BUS	SINE 35/INDUSTR	•
2	Elementary/Secondary (0-12)	College (1-4 or 8+)	AT	- Hom	5			
8	17. FATHER'S NAME (First, Middle, Last)			7101	16. MOTNER'S NAI	ME (First, Middle, Malden	Sumame)	
	Malvin	Jooss			AC	TY PAG	1000	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADI	DRESS (Street an	d Number or Rural F	loute Number, City or Tow	n, State, Zip Code;	
5	FAMILY KE	CAROS	5	Am	As A	GOV5		
	20a, METNOD OF DISPOSITION Burial 2 Cremation 3 Ramov	20b. f	PLACE OF DISPOSITION	ON (Name of cem	etery, cremetory or	20c. LO	CATION — City o	r Town, Stata
	4 Donation 5 Other (Specify)	at from state	(2) PLU	/ VAL	LSY	Tir	wird	m. 110.
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME AN	ADDRESS OF FAC	STOF MS	moris:	S
	1 Joseph 45	rans h		2201	HARE	200 Room	- Park	3/1/2
	23. PART I. Enter the diseases, or co	emplications that caused t	ha daath. Do not	enter tha mod	ia of dying, auci	as cerdiac or respi	ratory arrest,	Approximete
	ahock, or heart failure. Li IMMEDIATE CAUSE (Final	at only one dause on eed	ch line.					Intarval Between Onset and Death
	disease or condition resulting in deeth)	C. H	Ŧ					
	Total (in a sour)	DUE TO (OR AS A C	CONSEQUENCE OF):					
×	Sequentially list conditions, b.	Theur						
CERTIFICATION	If any, leading to immediate cause, Entar UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):	a 10.	sease			
5	CAUSE (Disease or Injury & C.	DUE TO (OR AS A	CONSEQUENCE OF:	L We	sease			
Ē	that initiated events resulting in death) LAST		,					
E	d.							
AL	PART II. Other algnificent conditione	contributing to death but	t not reaulting in t	ha Underlying	cause given in	Pert I. 24a. WAS AN PERFOR		24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
8						1 YES 2	™ NO	OF DEATH?
ME								1 YES 2 NO
PHYSICIAN: MEDIC								
5		HOSPITAL:		26. PL THER:	ACE OF DEATH (Ch	eck only one)		
ΙΥS	1 TYES 2 NO 27. MANNER OF DEATN	1 □ Inpetient 2 □ ER/Outpet				6 Other (Specify)	NAME OF THE PARTY	
	1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME O	Y WO	RK?	28d. DESCRIBE HOW	NJUHY OCCURE	
B	2 Accident trivestigation 3 Suicide 5 Could get be	28e. PLACE OF INJURY -	- At home, farm, stree			28t, LOCATION (Street	and Number or Ru	ral Route Number
	4 Homicide 6 Could not be detarmined	building, atc. (Specif	y)	,		City or Town, State)		
	29a. CERTIFIER AND CERTIFYING PHYSIC	IAN: To the best of my knowle	des death seemed a	d dhe dime i dete	and place and due	to the country and see		
COMPLETED	(Check only	: On the basis of exemination	A STATE OF THE STA		Service Contract			se(s) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	Company of the Steel	-v vestness		29c. LICENSE NUI	A PARAMETER SA	100 = 11 N = 1	NED (Month, Day, Year)
H	The same of the sa	2			TAC FINENSE MOI	ns-ra-C	▶ 7-	-21-91
6	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	TN (ITEM 27) (Type, Pri	(pH)				• /
	F. GIARTI	HEG MI			IN. MI	0 218	11	
	31. DATE FILED (Month, Del), Year)	32. REGISTRAR'S SIGNA		1-1	1. 2. 7 . 1.12	, ,	,	
	JUI 22 19	91 Julia Trui	י מל . ע					
	NAL NO IS	0	HONO MONEY				<u>-</u>	DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The Law requires the contribute to executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been sign.

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TO THE FUNERAL DIRECTOR: After this certificate has been sign.

TO THE FUNERA DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	ATE OF MARYLA	ND / DEPAR CERTIF	TMENT	OF HEALTH AF	ND MENT	AL HYGIENE REG. NO.		, , , , ,
	1. DECEDENT'S NAME (First, Middle, Last) HENRY LEONARD	FLLENBE	RGFR				TE OF DEATH	1991	3. TIME OF DEATH 02:05p M
		6. AGE (A	yrs. lest birthday) yrs yrs.	MONTHS I			re of BIRTH Inth, Day, Year) 03 190	Con	orthplace (State or Foreign intry) timore, Md.
S.	96. FACILITY NAME (If not institution, give street and GBMC 6701 NORTH		ST		OWN OR LOCATION OF			c. COUNTY OF	DEATH
25	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	OTIVILLES						BALT	IMORE
DIRECTOR		ore Co.	10c. CIT	Y, TOWN OR		Green	٦		10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	PO BOX 377	LONG GREEN			10f. ZIP CODE		1	0g. CITIZEN OI	WHAT COUNTRY?
CNE	11. MARITAL STATUS 12. W	S DECEDENT EVER IN	U.S. ARMED	13. WA	21092 S DECENDENT OF H	ISPANIC ORIG	SIN? (Specify Year or	USA No. 14 PA	CE — American Indian,
BY	3 Wildowed 4 Divorced	PACES? 1 $\sqrt{2}$ YES YES, GIVE WAR OR OA $\sqrt{2}$ - $\sqrt{2}$	TES	lf y	YES 2 NO S	lexicen, Puert	o Rican, etc.)	Bi	white
ETE	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle		16a. DECEDENT'S (Give kind of v life. Do NOT us	vork done dur	IPATION ng most of working	11	66. KIND OF BUSINE	ESS/INDUSTRY	
COMPLETED	12 yrs. 2 yr	ge (1-4 or 5+)			& Sales		Kane Tr	ansfer	
BE CO		y W. Eller			En	nma E.	Reipe		
101	Mrs. Marion E. Glase	r	P.O.B	ADDRESS (S	treet and Number or A Long Gre	een, M	mber, City or Town, s Id. 2109		
	20a. METHOO OF DISPOSITION 1XX\u00e9urisi 2 \u00ac Cremation 3 \u00ac Removal fro 4 \u00ac Donation 5 \u00ac Other (Specify)	m State 20b.1	PLACE AND DATE OF	FDISPOSITION C	nurch Cen	n.7-18	TE 20c. LOCAT	ION - City or	Town, State Run, Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1		22. NA	ME AND ADORESS O	F FACILITY	E.F.Lass	ahn Fu	neral home
CERTIFICATION	23. PART 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. DOE TO (OR AS A CONSEQUENCE OF): DOE TO (OR AS A CONSEQUENCE OF): b. OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL		ibuting to death bu	t not resulting i	n the unde	lying cause given	n in Part I.	24s. WAS AN AUT PERFORME 1 YES 2		Ib. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SIC!		PITAL:		OTHER:	6. PLACE OF DEATH				
PHYSICIAN:	27. MANNER OF DEATH 26	e. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28	Home 5 Resider		er (Specify) ESCRIBE HOW INJUI	RY OCCURED	
ВУ	1 Natural 5 Pending 2 Accident Investigation			M 1	WORK? YES 2 NO				
ETED	3 Suicide 6 Could not be 4 Homicide determined	PLACE OF INJURY — building, etc. (Specify)	- At home, farm, st	reet, factory,	office	20t, LO	CATION (Street and I y or Town, State)	Number or Rura	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To	the best of my knowled	dge, death occurre	at the time, In my opini	deta and place, and on, death occured at	dus to the ca	euse(s) and manner te end placs, and du	as stated.	(s) end manner as stated.
TO BE	THE OF GERTIFIER	MI)		29c LICENSE	H/G Z	2 2	d. DATE SIGNE	(Morith, Day, Year)
-	16940 GAN	FTED CAUSE OF DEAT	HOTEM 27 PAGE	UO	D	INE	> 2///	11	411
	21. DATE FILED MOUTH OF 12 1991 32	gina Dina	We Handall	4	-			-	

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BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should oval.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

91

1. DECEDENT'S NAME (First, Middle, Last BILLY Gene ER			AIL OF	DEATH	REG. I	NO.	
KILLY Cono FD					2. DATE OF DEATH		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	RWIN				JULY	8 199	
	1 M 2 G F 54	MO MO	F UNDER 1 YEAR	HOURS MIN	44. 4. 0. 14)	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give		96	b. CITY, TOWN OF		DEATH	9c. COUNTY	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		100 CITY TO	OWN OR LOCATION	Dundal	ζ	l Ba	altimore Co
MD B	Balto Co	100.011, 10	Dunda				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 2506 Yorkway	Apt A		101.	21222		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 ND	13. WAS DECE If yes, spec 1 YES 2	NDENT OF HIS	ANIC DRIGIN? (Specify Ican, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ED (Specify only highest gred Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S USL (Give kind of work life. Do NOT use rel	done during most	N t of working		BUSINESS/INDUST	'RY
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S	Fede	ral Assi	istant
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street an	d Number or Rur	al Route Number, City or	own State Zin Cor	(a)
John Sellman	Friend				timore, M		
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren	movel from State 20b.	PLACE AND DATE OF DI	ISPOSITION (Nam			LOCATION - City	
4 Donation 5 Other (Specify)							
Vanauce	Milher		22. NAME AND	ADDRESS OF	FACILITY		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	DUE TO JOH AS A	Dial J CONSEQUENCE OF:	Marie	al &	Bypos (paptu	y Zwee
csuse. Entar UNDERLYING CAUSE (Disesse or injury thet initiated events resulting in death) LAST	CDUE TO (DR AS A	CONSEDUENCE OF):					1
CAUSE (Disesse or injury thet initiated events	d		he underlying (cause given		AN AUTOPSY DRIMEDT 2 [] MO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERENCE TO MEDICAL	d			Cause given	- Penr	DPIMED?	COMPLETION OF CAUSE OF DEATH?
CAUSE (Disesse or Injury that Initiated events resulting in death) LAST PART II. Other significent condition	d	it not reaulting in th	25. PLAC	CE OF DEATH (Treat only one;	DPIMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 21. WAS CASE REFERENCE TO MEDICAL EXAMPLE? 1 1 YES 2 NO 27. MANUER OF DEATH 1 Designs 5 Panding	d	it not reaulting in th	26. PLACE THER: Nursing Home F 28c. INJUR WORL	CE OF DEATH (C	- Penr	OMMED7 2 [] MO	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMPLE TO THE 2 MO 27. MANUER OF DEATH	HOSPITAL: 1 Dispetient 2 (ERVOurge 28s. DATE OF (N.JURY (Month, Day, Year)	Elect 3 DOA OT MAJORY At home, farm, street	26. PLAX THER: Mursing Home Worls M 1 YES	CE OF DEATH (C	Treat only one)	PHILIPPY OCCUPIE	AMRLABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERENCE TO MEDICAL EXAMINER? 1 TO YES 2 NO 27. MANUSER OF DEATH 1 Detirms 5 Pending Investigation 2 Accident Significate 6 Could not be determined. 20a. CERTIFIER CONSTRUCTION OF PHYS	HOBPITAL: 1 DATE OF INJURY (Month, Day, Nav) 28s. PLACE OF INJURY - building, etc. (Toxon	there 3 DOA of HUNRY At home, farm, street	26. PLACE PL	S Plesidence SP AT TO THE ST AT S 2 NO	THER OTHER (Specify) 28d. DESCRIBE HOW City or Tower, Sta	DHARED? 2 MO RAJURY OCCURE and Number or file in	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 28. WAS CASE REFERED TO MEDICAL EXAMINER? 1 1 YES 2 NO 22. MANUER OF DEATH 1	HOSPITAL: 1 Department 2 (EBVOurper 1 Department 2 (EBVOurper 2 Description) 28s. PLACE OF INJURY (Mount), Day, Year) 28s. PLACE Of Injury (Mount), Day, Year) Building, etc. (Tipeor Building), etc. (Tipeor Building)	there 3 DOA OT ROUND ALL DOA OT ROUND AL	26. PLACE PL	S Plesidence SP AT TO THE ST AT S 2 NO	PERF. 1 DESCRIBE HOW 284. DESCRIBE HOW 285. LOCATION (Strow, Other Other) 286. DESCRIBE HOW City or Exert, Straw to the cause(x) and n time, date and place,	PANED? 2 MO RNJUNY OCCURE and Number or file in and as stated.	AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent condition 29. WAS CASE REFERED TO MEDICAL EXAMINED TO DEATH 1	HOSPITAL: 1 Lingstlant: 2 (EPVOurps 1 Lingstlant: 2 (EPVOurps 28s. PLACE OF INJURY (Morith, Day, Tiss) 28s. PLACE OF INJURY building, stc. (Special EFI: On the basis of examination	there 3 DOA of Ball Park 3 DOA o	26. PLACE PL	S 2 NO	PERF. 1 DES PROR ONLY ONE) 28d. DESCRIBE HOW 28d. DESCRIBE HOW 28d. LOCATION (Strong) 28d. LOCATION (Strong) 1 to the cause(x) and me time, date and place. 7472	PANED? 2 MO RNJUNY OCCURE and Number or file in and as stated.	AMPLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO D Intel Fibrille Mumber INED (fronth, Day, fear)

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BALTIMORE,

page 5 should be detached for use as the burial-transit 75 notified 9 must funeral director. examiner 24 hours after death. by the f medicai filled in by 5 幸 cremation, completely CAN. The law requires that the death certificate be executed within event. n and com to burial, traumatic attending physician intal Hygiene prior to other 10 signed by the atte Injury. shows any L of P Cate has be State Dept. of Hern 23 s State D OR ATTEND ď DIRECTORY hours after item 28 II TO THE FUNERAL DIRECTION TO THE STATE OF STATE O

FOR STATE REGISTRAR 91 19780 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF OEATH YEAR MICHAEL J FIORE SR. 07 12 1991 B:45 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year B. BIRTNPLACE (State or Foreign 213-86-0559 1 3 M 2 | F HOURS MIN YRS. 10-21-60 Md. 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR BABYBIRD COURT N/A BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore N/A 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 18 Babybird Ct. - Baltimore, Md. 21227 U. S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO t4. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? 1 YES 2 BY 1 YES 2 NO Specify: 3 Widowed 4 Divorced Specify. N/A White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INQUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) N/A N/A Steel Worker Ackerman & Baynes 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surneme) UNKNOWN UNKNOWN BE 19s, INFORMANT'S NAME (Type/Print) 19b. MAILINO AOORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Lisa L. Smithson 18 Babybird Ct. - Baltimore, Md. 21227 20e, METHOD OF DISPOSITION

Compared to the state of the 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Glen Haven Cemetery 7-16-91 4 Donetion 5 Other (Specify) Glen Burnie, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
3512 Frederick Avenue G. Truman Schwab Baltimore, Md. 21229 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Final Onaet and Death disease or condition a. NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated evente resulting in death) LAST PART II. Other algorificant conditions contributing to death but not reculting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 X YES 2 NO t YES 2 NO PHYSICIAN 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1- YES 2 NO OTHER: ng Nome 5 X Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural BY UNKNOWN" /12/91 1 YES 2 NO 2 Accident UNKNOWN 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED a Could not be ANDSDOWN, Stere) 18 BABY BIRD CT 4 Homicide determined 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner se stated. 2 52 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

Denald & Wight MD BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 07-13-1991 OCME 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Denald G. WRIGHT MO DOME 111 N. PENN STREET BALTIMORE, MARYLAND 21201 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1991 Deviden-Vardall 2.2

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	FICATE C	F DEATH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF	DEATN		3. TIME OF DEATN
- 9	Carol A	nn		Fie	1dman	0.7	DAY	YEAR	100 miles 22 tea
	4. SOCIAL SECURITY NUMBER	5. SEX '	6. AGE (In yrs. last birthday)			7. DATE OF	RIPTN	1991	NPLACE (State or Foreign
	220 46 4000	1 🗆 M 2 🔘 F		MONTHS DA		(Month, De	ny, Year)	Coun	(ry)
	98. FACILITY NAME (If not institution, give	25	31 YHS.	at OUTV TO	WN OR LOCATION OF		9-1959		aryland
Œ			-	90. CHY, 101	WN OR LOCATION OF	DEATH	9c.	COUNTY OF	DEATH
DIRECTOR	Baltimore County	General H	ospital	Rand	allstown		В	altimo	re County
EC	10s. STATE 10b. COUNT	Y	10c CI	TY, TOWN OR LO	CATION				
E	MD Balti								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	imore Coun	ity	Randall					1 YES 2 NO
FUNERAL					101. ZIP CODE		10g	. CITIZEN OF	WHAT COUNTRY?
y l	4 Albess Cour				21133			US	SA
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. WAS	DECENDENT OF HISPA , specify Cuben, Mexic	NIC ORIGIN? (S	pecify Yes or No	- 14. RAC	E — American Indian, ck, White, stc.
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA			YES 2 NO Spec		n, etc.)	Spec	
			no			no			white
<u> </u>	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S	Work done during	ATION I most of working	16b. KIN	D OF BUSINES	S/INDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	His Do MOT	ise retired.)	mod or working				
틸	12 yrs		Disab	oled					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	le, Maiden Sumai	me)	
BE 0	Stanley Jerry F	ieldman					e Nola	,	
	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Str	eet and Number or Rura				
2	Stanley J. Fiel	dman Eat							22
	20s. METHOD OF DISPOSITION	ullan Fat	The second second						21133
	1 🗆 Burtet 2 🗆 Cremetion 3 🗆 Rem	lovel from State	20b. PLACE AND DATE cemetery, crematory or a	OF DISPOSITION other place!	(Name of	OATE	20c. LOCATIO	N — City or To	own, State
	4 (\$Constigue—8-15 Other (Specify)	A							
	21-DENATURE OF FUNERAL SERVICE U	Rona	ld Wade, Di	22. NAM	E AND ADDRESS OF F	ACILITY Sta	te Ana	tomy F	Board
1	-Manual/11	1/201	7/17/91	655	W. Balti	more St	. Balt	O. MD	21201
7	23. PART I. Enter the diseases, or	complications that	onused the death. Do						
	anock, or near tenure.	List only one cause	e on eech line.		mode of bying, au	on ea cerulac	or respiratory	erreat,	Approximate interval Between
	IMMEDIATE CAUSE (Fine) disease or condition	1	1			Λ.		0	Onset and Death
1	resulting in deeth)	·	who h	10001	ata	WIL	Cemp	ricat	ras
		OUE TO (C	OR AS A CONSEQUENCE O)F):"					
Z	Sequentially list conditions,	b							
	if any, leading to immediate	DUE TO (C	AS A CONSEQUENCE O	PF):					
CERTIFICATION	CAUSE (Disease or Injury	c							
=	that initiated eventa reaulting in deeth) LAST	OUE TO (C	R AS A CONSEQUENCE O	F):					
H	resulting in deeth) LAST	d							
	PART II Other significant condition	a contribution to d							
DICAL	PART ii. Other aignificent condition	e contributing to a	eath out not resulting	in the underly	ying ceuse given in	Part i. 24a	PERFORMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă						10	YES 2 THE		COMPLETION DF CAUSE OF GEATH?
¥ I							^		1 YES 2 NO
2									
₹	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF DEATH (C	reck only one)			
PHYSICIAN: ME	EXAMINER? 1 X YES 2 NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:					
ا څ	27. MANNER OF DEATH	28a. DATE OF IN		7	Iome 5 - Realdence				
2	1 Netural 5 Pending	(Month, Day,	Year) IN.	JURY	INJURY AT WORK?	- 13.0 ALL	BE NOW INJURY		
à	2 Accident Investigation	06 19	1991 Unk		YES 2 K NO	Subjec	t inge	sted n	edication
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF building, st	INJURY At home, ferm, c. (Specify)	street, tectory, o	ffice	281. LOCATION	N (Street and Nur wn, State)	mber or Rural I	Route Number,
	4 Homicide determined	At	home			3 7 7 7 7 7	ss Cou	rt	
COMPLEIED	29a. CERTIFIER (Check only 1 CERTIFYING PNYSI	CIAN: To the best of m	y knowledge, death occurr	ad at the time of	lete and place and du				
Ē	one) 2 MEDICAL EXAMINE	R: On the basis of exer	nination and/or investigation	on in my oninio	death assured at the	tions date and	siid manner ss	stated.	
3				or, in my opinion	i, death occured at the	time, data snd	piacs, and due	to the cause(s	and manner as stated.
H I	296. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NU	MBER	29d.	DATE SIGNED	(Month, Day, Year)
2		xn	nin.		0.0	M.E.	•	07 12	1991
-	30. NAME AND ADDRESS OF PERSON WN	O COMPLETED CAUSE	OF DEATH (ITEM 27) (Type	, Print)				12	1221
	A.M. DI	KON	11	1 Penn	Street, 1	Raltima	ro Mar-	د ــ م 1ء،	21201
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	. zemi	Dereet, 1	Jartimo	re mary	rand	41401
	1111 2 2 1991	1. 1. K.	don-Bridge						
		EMUNICIPALITY OF THE	TO THE PARTY OF TH						

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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF ICATE OF				YGIENE EG. NO.		
-	1. DECEDENT'S NAME (First, Middle, Last)	DELMA T.	FURTAW	16			2. DATE OF I	DEATH DAY	YEA 9	3. TIME OF DEATH 91.33 OM
	4. SOCIAL SECURITY NUMBER 2 16-03-8353	1 - M 2 F	(In yrs. lest birthday) 86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	MIN.	-	105	M	ARYLAND
OR	SAINT JOSEPH	Hospital	72	9b. CITY, TOWN	or location	ON OF DEA	ТН		Balti	more County
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ν	10c. CIT)	. TOWN OR LOC	TION					10d. INSIDE CITY
DIRECTOR		imore County		Towson						LIMITS?
7	10e. STREET AND NUMBER				H. ZIP CODE	E		10	g. CITIZEN C	OF WHAT COUNTRY?
ER/	Kirkwood House				212	204			1	USA
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, s		n, Mexicen	, Puerto Ricer	pecify Yea or F	lo— 14. R	AACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12) 6 YTS		16e. DECEDENT'S (Give kind of w life. Do NOT us	vork done during n	ION lost of workin	ng		of Busines		īγ
BE CON	17. FATHER'S NAME (First, Middle, Last) Winfred Mister				100	HER'S NAM		e, Meiden Surn	ame)	
TO B	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number	or Rural Ro	oute Number, C	Olty or Town, St.	ete, Zip Code)
F	Delma De Laude	r	73	1 Cambe	rly (Circl	e, To	wson,	MD 2	1204
	20e. METHOD OF DISPOSITION 1	noval from State	0b. PLACE AND DATE f cemetary, crematory	or other placa)			DATE			or Town, State
	21. SIGNATURE OF UNERAL SERVICE LI		Made, Dir 17/91					te Ana , Balt		Board 21201
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE OF	F):						Interval Between Onset and Death N (week YELFS
ERTIFIC	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	ብ :						
PHYSICIAN: MEDICAL C	B(Me Spasm	na contributing to death	but not resulting	In tha underly	ng cause	given in F		PERFORMED YES 2	27	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	rtpetient 3 DOA	26. OTHER: 4 Nursing He	PLACE OF D			pacify)		
ВУ РНУ	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		E OF 28c. I	JURY AT YORK? YES 2 [BE HOW INJU	RY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, farm, secify)	street, factory, of	ice		281, LOCATIO City or R	ON (Street and i own, State)	Number or Ru	ural Route Number,
COMPLETED	CONSTRUCTION S	ER: On the basic of examination								use(e) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	flum,	ND		10 2 10 2	33/	BER	29	DATE SIG	SNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type	, Print)						
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG								
		Darre tour (400)								

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 8 may be retained by the law requires that the death completely filled in by the funeral director, page 5 should be detached for use as the burial-trap be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHOORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CER	TIFICA	TE OF	DEATH	R	EG, NO.		
1. DECEDENT'S NAME (First, Middle, Last)		H				2. DATE OF I	DEATH DAY	YEAR	3. TIME OF DEATH
KennyKENN	IE) Jain	24 3	SK.			07	19	91	0245 A
12-09-5885	5. SEX 6.	AGE (In yrs. lest bir	thday) IF UI MONT	HS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF E (Month, De 5-/0		B. BIRT	
ESIDENCE OF DECEDENT		. 4			MO NE	MD	9c. C	OUNTY OF I	DEATH
a. STATE 10b. COUNTY		11	BAL'I	NO OR LOCAL		Y			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
1515 N. ELW	OOD AVEN	UE		10	21213		10g. (U . S	what country?
. MARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 I IF YES, GIVE WAR	YES 2 TINO		If yes, sp	CENDENT OF HISPAI ecity Cuban, Maxica is 2 MO Specifi	n, Puerto Ricer		- 14. RAC Blec Spec	E — American Indian, k, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 4 t h	CATION completed) College (1-4 or 8+)	(Give I	DENT'S USUA dind of work d NOT use retin	one during mo			MINO		R (AMSTAR
FATHER'S NAME (First, Middle, Last) SAM GARNETT		23			18. MOTHER'S NA		e, Malden Surnam	0)	
KENNIE GARN	ETT JR		91 E	RESS (Street o	and Number or Dural	Boute Number (BALTI	Zip Code) MORE	, MD.2123
0e METHOD OF DISPOSITION Donation 5 Other (Specify)	oval from State	20b. PLACE OF	DISPOSITION	N (Name of ce	metery, cremetory or IEM . PK	. CEM	20c. LOCATION		
sequentially list conditions, i sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	DUE TO (O	A AS A CONSEQUE	ENCE OF):	isea	ul .				
PART II. Other eignificent condition Dehydration Malnutnitic	n	esth but not res	uiting in th	e underlyln	ng cause given in		a. WAS AN AUTOP PERFORMED?		b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ED/Outpatient 2 1		HEB:	LACE OF DEATH (C				
MANNER OF DEATH 1 Hetural 5 Pending	28e. DATE OF III (Month, Day)	IJURY 2	8b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	Y	BE HOW INJURY	OCCURED	
2 Accident 3 Suicide 8 Could not be determined	28e. PLACE OF building, et	INJURY — At home c. (Specify)	, farm, street	, factory, offi	CO		ON (Street and Nur own, State)	nber or Rural	Route Number,
Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	The second secon								(a) and manner as stated
96. SIGNATURE AND TITLE OF CERTIFIES	4 K.	Ro	ai	2	29c. LICENSE NU	IMBER 97	29d.	_ /	O (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH MI CITACL 1 31. DATE FILED MAINTH, (Co. Voor)	COMPLETED CAUSE 32. REGISTRAR 22	S SIGNATURE	TR His Dev	ANKFO	eo corr		NH.		

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE

TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.

The page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be after this certificate burial and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, La	est)		LHIII	- STATE	OF D	LAIN		2. DATE OF DEATH MONTH DA	AY	year 3. TIME OF	DEATH
ADELAIDE GU	INN					9.		/	18	91	M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER 1		F UNDER 24 I	HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) S 17 1	926	8. BIRTHPLACE (State Country) BALTIMO	line alone
9s. FACILITY NAME (If not institution, gi	ive street and number)			9b. CITY, T	OWN OR	LOCATION	OF DEA	тн	9c. COL	INTY OF DEATH	
					BALT	IMORE	Ξ				
RESIDENCE OF DECEDENT			10- 017	Y, TOWN OR	10017101	M				10d. tNSIOE	AUTW
MD.			loc. Cit	balt'					C.	1 X YES	?
10e. STREET AND NUMBER					10f. Z	IP CODE			10g. CIT	IZEN OF WHAT COUNTY	HY?
221 NORTH FREI						212	201			USA.	
11. MARITAL STATUS 1 Never Merried 2 Merried		YES 2.		11 1	yes, specif		Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	14. RACE — American Black, White, etc. Specify:	Indian,
3 Widowed 4 Divorced						A) NO	opouny.			BLACK	
15. DECEDENT'S I (Specify only highest g				USUAL OCC		of working	-	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	400	Do NOT us	se retired.)	ing most c	or working					
			105	BAKE:	R		20	ŀ	AKER	Y	
17. FATHER'S NAME (First, Middle, Last)					1	6. MOTHER	R'S NAMI	E (First, Middle, Malden	Surname)		
ROBERT WILLIAM	MS							DE MOODY			
19e. INFORMANT'S NAME (Type/Print)		11	Db. MAILING	ADDRESS (Street and	Number or	Rural Ro	ute Number, City or Tow	n, State, Zi	p Code)	
JOHN RUFF			221					ENUE BALT	0. M	D. 21201	
20e. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 4 Donetion 5 Other (Specify)	Removal from State	20b. PLACE other p	Hace)	. ZIO		ery, cremato	ory or			MORE, MD.	
21. SIGNATURE OF FUNERAL SERVICE	- UCENSEE	1 1	^	22. N	AME AND	ADDRESS		LITY			
+ (May	Long L). Du	lun	V				FUNERAL HOP RESTREET BA		MD. 21223 P.O	4433 0.10X
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	TORNAS A CONSI	OUENCE S		20	から	D.	Siffs	`		779
PART II. Other algorificant condi	Itiona contributing to	death but not	resulting	In the und	erlying o	cause giv	ren in P				
03162	ATUR	2471	S					PERFO		AMILABLE P COMPLETION OF DEATH? 1 YES 2	N OF CAUSE
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:			OTHER		CE OF DEA	TH (Chec	ck only one)			
1 TYES 2 NO	1 Inpatient 2		_	4 🗆 Nursi	ng Home		_	Other (Specify)	7	E SUZ	
27. MANNER OF DEATH Natural 6 Pending Pending Investigat		F INJURY Day, Ybar)	26b. Til	JURY M	WORK			28d. DEŞCRIBE HOW	INJURY O	CURED	
3 Suicide 6 Could not determine	be building	OF INJURY — At It, etc. (Specify)	ome, farm,	street, factor	ry, offica			26f. LOCATION (Street City or Town, State		er or Rural Route Number,	
(Critick Oriny	HYSICIAN: To the best of									ated. the cause(s) and manne	r ee stated.
29b. SIGNATURE AND TITLE OF COM	100	الم			2	DOC. LICENS	SE NUMI	BER	29d. DA	TE SIGNED (Month, Day,	Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL	SE OF OEATH (IT	EM 27) (Type	o, Print)	110	3	1	101	20	MI	110
31. DATE FILED (Month, Dely, Year)		AR SIGNATURE	THY	ini	IT6.	MO	W		4	14	4 70
JUL 22 19	191 grelia	Davidson-1	fandel	2							



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S	E	B	ST-S	28
MINISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE WISH TO THE WISH PHYSICIAN: The law requires that the death cettificate be executed within 2 Fours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DESCRIPE. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be filed within 72 moves that the state bept, or hearth and mental hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is merked, or Item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA			MENTA	REG. NO.	11	19103
1. DECEDENT'S NAME (First, Middle, La Edward	H. Gall				MONTE O	7 21	97	3. TIME OF DEATH 5:12 P
4. SOCIAL SECURITY NUMBER 050-12-1367	1 M 2 🗆 F	70 YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	(Monti		20 "	RTHPLACE (State or Foreign ountry)
9a. FACILITY NAME (If not institution, git Stella Maris		9b. (Tows	R LOCATION OF DE	ATH	9	e. COUNTY O	altimore
10e, STATE 10b, COU	NTY BAltimore	10c. CITY, TOV	VN OR LOCAT	on Iddle F	Rive	r		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
10s. STREET AND NUMBER	Dood		101	ZIP CODE	220	10		OF WHAT COUNTRY?
10 Compass 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? V YES		If yes, spi	ENDENT OF HISPAN city Cuban, Mexica 2 XNO Specify	IIC ORIGIN	i? (Specify Yes or Rican, etc.)	No- 14. R	USA HACE — American Indian, Hack, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 12th		16e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin	one during mo ed.)	et of working	16b	. KIND OF BUSINE	ESS/INDUSTR	
17. FATHER'S NAME (First, Middle, Last)		Accour	rcarre	18. MOTHER'S NA	ME (First,	Middle, Maiden Sun	name)	
	all			Err		Zirzon		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADOP						
Freda May Ga.		b. PLACE OF DISPOSITION		Road E	3alt			Z I Z Z U
1 Burial 2 Cremation 3 R	emoval from State	other place) Metro Cre						re Md.
21. SIGNATURE OF FUNERAL SERVICE	Funeral		22. NAME AN	D ADDRESS OF FA	CILITY			MAceAve.21
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b	A CONSEQUENCE OF):	ncr	eatri	CC	Cance	er	Interval Betwee
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
PART II. Other significant condi	lione contributing to death	but not resulting in the	e underlying	j cause given in	Part I.	24a, WAS AN AUT PERFORME 1 YES 2	D?	24b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Lor		ACE OF OEATH (Ch	eck only o	ne)		
1 TES 2 NO	1 Inpatient 2 ER/Out	tpatient 3 DOA 4 D	_	6 5 Residence			ospic	
27. MANNER OF ĎEATH 1 Neturel 5 Pending 2 Accident investigati		INJURY	1 0	RK? 'ES 2 NO	28d. OE	SCRIBE HOW INJU	JRY OCCURE	D
3 Suicide 6 Could not 4 Homicide determined	pullding, atc. /Spi	Y — At home, farm, street, scify)	factory, offic		28f. LOC City	CATION (Street and or Town, State)	Number or Ru	rel Route Number,
anal	IYSICIAN: To the best of my know							ise(a) and manner as stated.
206. SIGNATURE AND TITLE OF CERTIFICATION	1 (1 - /	nderso		D 270		21	od. DATE SIG	NED (Month, Day, Weer)
30. NAME AND ADDRESS OF PERSON Carla S. Alex		EATH (ITEM 27) (Type, Print)		ice-Dula	ney	Valley	RdT	owson
31. DATE FILED (Morith, Day, Year)	Sele Navidana Ro							

DHMH-16 Rev 1/89

8. BIRTHPLACE (State or Fo

DHMH-16 Rev 1/89

REG. NO

(Mon0 57/01/13

7. DATE OF BIRTH

2. DATE OF DEATH SAY 199 LEAR

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-07-4459

9a. FACILITY NAME (If not institution, give street and number

1. DECEDENT'S NAME (First, Middle, Last)
Louis W. Heinzerling

5. SEX

1 M 2 F

1

use as the burial-transit permit. Pages 1, 2, 3 should Baltimore 3600 Georgetown Road DIRECTOR Lansdowne RESIDENCE OF DECEDENT 10a. STATE 10b. coupaltimore 10c. CITY, TOWN PILESTOWNE 10d. INSIDE CITY 1 YES 2 NO FUNERAL 100. STREET AND NUMBER Orgetown Road 10f. ZIP COD 1227 10g. CITIZENS WHAT COUNTRY? urs after death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the burial-trar 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puerto Rican, etc.) **MARYLAND 21215-0020** RACE — American Indian, Black, White, atc. 1 Never Married 2 M Married BY 1 YES 2 NO Specifn/a soowhite 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 12 yrs. College (1-4 or 5+) meat cutter self 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Si August Heinzerling Anna Burkcraft F BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
3600 Georgetown Road Lansdowne 2 Thelma H. Heinzerling 21227 BALTIMORE, pe 20a. METHOD OF DISPOSITION

1 M Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State must OATE "Meadowridge Memorial Park Dorsey, Maryland 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICEN Ambrose Funeral Home 22. NAME AND ADDRESS OF FACILITY 1328 Sulphur Spring Road, Arbutus, Md completely filled in by the rial, cremation, or removal. medical 23. PABRT. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Daath the diseasa or condition Keila the darm certificate be executed within resulting in death) traumatic event. burial, CERTIFICATION and Sequantisity list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING mending physician CAUSE (Diseese or Injury or other Hygiene that initiated eventa OUE TO (OR AS A CONSEQUENCE OF): resulting in daeth) LAST The attend PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 不是 1 TYES 2 T NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL OR ATTENDING PHYSICIAN: The 26. PLACE OF OEATH (Check only one) this certificate I with the State EXAMINER? HOSPITAL OTHER: ☐ Inputient 2 ☐ ER/Outputient 3 ☐ DOA rsing Home 5 Rasidence 6 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED Natural 5 Pending BY 1 YES 2 NO FUNERAL DIRECTOR: After within 72 hours after death 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 3 Suicide 28 18 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide item ; ENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL D
be filed within 72 h
IMPORTANT: If It WEGICAL EXAMINER: On the basis of ed at the time, data and place, and due to the cause(a) and manner as stated THE BE 9 2 (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 22 199 chia Davidson-Randell

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

6. AGE (In yrs. lest birthday) 78 YRS.

		E 2
6,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	L DIRECTOR; After this certificate has been signed by the attending physician and completely fill hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	ecuted	nd con burtal,
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			ENTAL HYGIEN		91 1978
	1. DECEDENT'S PAME (First. Middle, Last) William 4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (n yrs. last birthday) IF	UNDER t YEAR	IF UNDER 24 HRS.	7/21/91	101	3. TIME OF DEATH 1 30 AM BIRTHPLACE (State or Foreign
E	271-42-2273 98. FACILITY NAME (II not institution, give a Franklin Squ		4.3 YRS.	CITY, TOWN O	R LOCATION OF OEAR		9c. COUNTY	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	,		OWN OR LOCAT	ION	Le	Balt	imore County 10d. Inside City LIMITS?
	Md. 10. STREET AND NUMBER 11 Russet	BAltimore		101.	Essex ZIP COOE 2122) 1	10g. CITIZEN	1 □ YES 2X NO OF WHAT COUNTRY? USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1X YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		C ORIGIN? (Specify Ye		RACE - American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEDENT'S USU (Give kind of work life. Do NOT use rel Disa)	done during mod lired.)	N It of working	16b. KINO OF BU	JSINESS/INDUST	RY
BE COM	17. FATHER'S NAME (First, Middle, Last) Leonard Ho	lmes			G]	2	oak	
TO	190. INFORMANT'S NAME (Type/Print) Kathleen H		11	Russe	t Court	Baltim		0. 21221
	20s. METHOD OF DISPOSITION Burlet 2 Cremetion 3 Rem 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	PLACE OF DISPOSITION Office place) Garrison	FOT E	D ADDRESS OF FAC	etery B	altimo	or Town, State Ore Md. ceAve.21221
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert alliure. IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Atheroscl DUE TO (OR AS A DUE TO (OR AS A	erotic Col				iratory arrest	Approximate interval Between Onset and Daath
AL	PART II. Other algorificant condition Hypertensi	on Renal Fai		he uriderlying	g cause given in f	Part I. 24s. WAS A PERFO	RMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	HOSPITAL: 1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, stc. (Spec	28b. TIME OF	THER: Nursing Hom F 28c. INJ WO 1 1	RK? YES 2 NO		and Number or I	
TO BE COMPLETED	2 MEDICAL EXAMINI 290 SIGNATURE AND TITLE OF CERTIFIE	, mi).	and/or investigation, in	n my opinion, d		to the cause(a) and mi	anner as stated.	suse(a) and manner as stated. GNED (Month, Day, Year)
1	Prudence Jacks 31. DATE FILEO (Month, Day, Year) JUL 2 2 1991		Franklin		Drive	Baltimore	MARYLA	ND 21237

	91-4043-510	D U								U I		O / S S
	1. FOA STATE G-679 9/11/9	STATE OF	MARYLAND / DE	PARTMEN	T OF H	TEALTH	AND	MENT	AL HYGIEN	F		9788
	REGISTRAR LED		CERT	TIFICAT	E OF	DEA	TH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DAT	E OF DEATH			3. TIME OF DEATH
	Albert		J.		Hoe	hn		07	17		YEAR	9:30 AM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birth		R 1 YEAR	-	R 24 HRS.		E OF BIRTH	471.27	B. BIRTNE	LACE (State or Foreign
	212 36 8330	175 M 2 🗆 F	23 x	RS. MONTHS	DAYS	HOURS	MIN.		ich, Day, Year)	TOFF	Country	
	9a. FACILITY NAME (If not institution, give st	reet and number)		9b. CIT	Y, TOWN C	OR LOCAT	ION OF DI		0.10	9c. COUNT		
R	3520 Bank Street	+		22	ltim	oro				0-744		end.
DIRECTOR	RESIDENCE OF DECEDENT									Barti	LOTE	City
뿔	manda -		100	c. CITY, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
	MARYLAND			BALT	ing	RS						YES 2 NO
AAI	10e. STREET AND NUMBER	1			101	. ZIP COD	E			10g. CITIZI	EN OF WI	HAT COUNTRY?
FUNERAL	3520 BA	INK SI	REST			21	221	4		U	. S.	A.
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EYER IN U.S. ARMED	13.	WAS DEC	ENDENT (OF HISPAN	NIC ORIGI	IN? (Specify Yes Rican, etc.)	or No-	4. RACE	- American Indian, White, atc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W			1 TYES				Tirouni, uno.;		Specify	
	15. DECEDENT'S EDUC		- 8/17/61								W	HITE
I	(Specify only highest grade	completed)	(Give kir	NT'S USUAL (nd of work done OT use retired.)	during mo:	on ost of worki	ng	16	b. KINO OF BUS	SINESS/INDU	STRY	
PL	Elementary/Secondary (0-12)	College (1-4 or 5 d	" R	akso					U U	1 (201	- 01/
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			HIVE		10 1107	NEDIO NA	0.05 050	HOSHI	15	OHN	S KY
	William H	CARY H	OSHA			L, C	DE C	ME (FIST,	Middle, Malden	Surname)	Lla	20.00
BE	19a. INFORMANT'S NAME (Type/Print)	2000		II INO ADDRES	e /Stmat a	and Mumba	2.5	20	nber, City or Town	1 1.	MTI	TOUR
5	FAMILY R	CORDS	100.00	500	S (Silver III	∩ c	A a			n, Statu, Zip C	iode)	
	20a. METHOD OF DISPOSITION		20b. PLACE AND D	ATECEDISEC	SITION (No	HS made	HI	DA		2471011 01		
	1 Buriel 2 Cremetion 3 Remo	oval from State	certen ry, cremator			me or	-01	7-	20 0	CATION - CI	ty or Tow	n, State
	21. SIGNATURE OF FUNERAL SERVICE DIC	ENSEE	HIM	122	NAME AN	ID ADDRE	S OF FA	CHITY	IIA	KNI	72	110.
	1,00	3		2	VAC	S C	HAR	120	0513	MOR	221	
	travas Vi	Merray		8	085	HO	ARI	FOR	D ROF	10 - f	PAR	KVILLS
	23. PART I. Enter the diseases, or cahock, or heert fellure. L	omplications the	coused the deeth.	Do not enter	r the mo	de of dy	ing, suci	h ss car	diac or reapi	ratory srre	st,	Approximate
												Indonesial Buttonesia
	IMMEDIATE CAUSE (Finel											Interval Between Onset and Death
		HUPERTE		PERIOSO					VASCUI	AR (OISE	Onset and Death
		HYPERTE DUE TO	NSINE AR	PERIO SO					VASCUI	AR (PISE	Onset and Death
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ATION	disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	NSIVE AR	CE OF):					VASCLI	AR (PISE	Onset and Death
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Barri 18

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be also been signed by the fundal wholese prior to burial, committee or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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OECEDENT'S NAME (First, Middle, Las		/ 1		2. DATE OF I	DEATN DAY	YEAR 3. TIME OF DEATN
KATH	ERINE L	E. HUTZI	EK	7	17	91
SOCIAL SECURITY NUMBER	5. SEX 6.		F UNDER 1 YEAR IF UNDER 24 H	RS. 7. DATE OF E		8. BIRTNPLACE (State or Foreig Country)
212-03-1263	1 □ M 2/2 F	75 YAS.	ONTHS DAYS HOURS M	7-14-	16'	Md.
e. FACILITY NAME (If not institution, give	e street end number)	9	b. CITY, TOWN OR LOCATION (OF DEATN	9c. COUN	TY OF DEATH
Francis Scott K			Baltimore		N	/A
De. STATE 10b. COUR	NTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
Md.	N/A	Bal	timore			1 XYES 2 NO
De. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
5011 E. Hoffman			212			S.A.
MARITAL STATUS Never Merried 2 Merried	12. WAS DECEDENT & FORCES? 1	EVER IN U.S. ARMED YES 2 NO	13. WAS DECENDENT OF N if yes, specify Cuben, M			 RACE — American Indian, Black, White, etc.
☐ Widowed 4 X Divorced	IF YES, GIVE WAR		1 TES 2 NO S		/4	Specify: White
15. DECEDENT'S E	PUCATION	N/A	I CONTRACTOR	14,	D OF BUSINESS/IND	
(Specify only highest gra	ade completed)	16a. DECEDENT'S US (Give kind of wor	k done during most of working etired.)	160. KIN	D OF BUSINESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)			Time	nblin Con	are Hospital
7. FATHER'S NAME (First, Middle, Last)	N/A	Retired V	Vard Clerk	S NAME (First, Middl		cere Hosbrear
				nie E. S		
Jacob L. Hutzl	er	405 224 114 2	DORESS (Street end Number or I		ALC: A CONTRACTOR	Codel
and the second s		100-24-75	The second secon			
John V. Handel		1	cwell RdJop			
0e. METNOD OF DISPOSITION Burlel 2 Cremation 3 Re	emoval trom State	of cemetary, crematory or	other place)	DATE	20c. LOCATION —	
□ Donation 5 □ Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE		Loudon Par	LECTION CEMETER - 7/		Baltimon	re, Md.
G. Truman S	ckwah		3512 Fred Baltimore			
23. PART I. Enter the diseases, o	or complications that o					eat, Approximate
MMEDIATE CAUSE (Final disease or condition	8	Penal fai	lue			Interval Betti Onset and I
resulting in death)	DUE TO (O	R AS A CONSEQUENCE OF):				
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Sequentielly list conditions, f sny, leeding to immediate	b	R AS A CONSEQUENCE OF):				
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QE VI	PHACLAN
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hou
5	OR
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	FOR 1 - STATE REGISTRAR	STATE OF MA			TMENT				MENTAL	HYGIEN REG. NO.	_		
1	1. DECEDENT'S NAME (First, Middle, Last)	Su		,	AN				2. DATE (OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. lest i	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE C	F BIRTH	2-		LACE (State or Foreign
	227-02-6254	1 🗆 M 2XXF	86	YRS.	MONTHS	DAYS	HOURS	MIN.		21, 1	905	KORE	
	9e. FACILITY NAME (If not institution, give atre	set and number)			9b. CITY	TOWN C	R LOCATIO	ON OF DE				ITY OF DE	
S S	621 IVY LEAGUE LANE					CKVI	LLE				MON.	IGOME	ERY
넔	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10e CIT	Y, TOWN C	OR LOCAT	ION					- 1	10d. INSIDE CITY
DIRECTOR	MARYLAND MONTGOMERY				KVILI		10.1						LIMITS?
	10e. STREET AND NUMBER			1100			. ZIP CODI	E			10g. CITI		HAT COUNTRY?
EB/	621 IVY LEAGUE LANE					2	0850				KOF	REA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARM	IED						(Specify Yes	or No-	14. RACE	American Indian, White, stc.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	YES 2 NO	1 TYES 2 NO Specify:									
	15. DECEDENT'S EDUC	ATION	10- DEC	EDENT	USUAL O	OCHIDATI/	- A - A		1405	KIND OF BU	DINEGO (INO		NTAL
COMPLETED	(Specify only highest grade of	completed)	(GM	e kind of	work done (g	100.	KIND OF BU	SINE SS/IND	USINT	
7	6	College (1-4 or 5+)	200	IEMA	KER					OWN	HOME	₹.	
O	17. FATHER'S NAME (First, Middle, Last)					_	18. MOT	HER'S NA	ME (First, M	liddle, Malden			
BE C	WOON JOO PARK						Y	JN J	U PAF	RK.			
10 8	19e. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS	S (Street e	nd Number	or Rumi	Route Numb	er, City or Tow	n, State, Zip	Code)	
F		ON)	62	21 I	VY LE	EAGU	E LN	. RO	CKVII	LE, M	D. 20	0850	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	of cemetary, of				(Name		DATE	20c. LO	CATION —	City or Tow	rn, State
	41 Donation 5 Other (Specify)		NATIONA	L ME			ND ADDRE		7-15-9	1 FAI	IS CH	RCH,	VIRGINIA
	NA V	Thus			22.	NAME A	NU AUUNE	33 OF FA	(OLONI	AL FU	JNERA	L HOME
	TUBER	MANNE			-								VA.22044
	23. PART I. Enter the diseases, or co ahock, or heart fellure. L				not anter	tha mo	de of dy	ing, suc	h as card	lac or resp	iretory arr	est,	Approximete Interval Between
											Onset and Death		
	resulting in deeth)	DUE TO	DO AS ALCONOCIO	A-C I	رو	+	40	~~		30.6 1 00.	0 4	_	
-	277	000		OLINOL C	, .	+-	evir	Sc	14.0	0516	٠		j
CERTIFICATION	Sequentially list conditions, If eny, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									<u> </u>			
CA	ceuse. Enter UNDERLYING CAUSE (Disease or injury												
표	that initieted events resulting in death) LAST	DUE TO (OR AS A CONSEQ	UENCE C	OF):								
H	d												
CAL	PART II. Other significant conditions	contributing to	death but not re	sulting	in the ur	ndariyin	g ceuse	given in	Part i.	24a. WAS AN		24b.	WERE AUTOPSY FINDINGS
										1 TES			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI											30		1 YES 2 NO
									1				
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF E	EATH (C/	neck only on	0)			
YSI	1 VES 2 NO	1 Inpatient 2			4 🗆 Nur	rsing Hon		eeldence	8 🗆 Other			2.62	
표	27. MANNER OF DEATH 1. Natural 5 Pending	28e. DATE OF I (Month, De		28b. TII	WE OF JURY	WC	JURY AT DRK?	7.774	28d. DES	CRIBE HOW	INJURY OC	CURED	
B	2 Accident Investigation	28a PLACE OF	F INJURY — At hor	ne ferm	etraet fac		YES 2 [NO	201 1.00	ATION (Street	and Number	or Burni O	iouto Mumbar
	3 Sulcide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	ree, rarrits,	street, rac	tory, offic				or Town, State		OF NUMBER	odia Namoar,
E	29e. CERTIFIER 1 CERTIFYING PHYSIC	dh assur	and at the s	time dete	and also	and du	to the en			i i i			
COMPLET	CONTROL CHILD												and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NU					(Month, Day, Year)
BE	006-0	50.00	- W	~ 7			-		54	6	-	7-(7	5-91
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Typ	e, Print)								wo.
	John T	auber	- <	32	18	w,	Sco	151	W	Ave		Be	thoseo
	31. DATE FILED (Month, Day, Year)	32. DEGISTRA	B'S SIGNATURE	1.00									
- 3	JUL 2 2 1991	guna De	wason-no	TO CO									

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31. DATE FILED (Month, Day, Year)

JUL 2 2 1991

32 REGISTRAR'S SIGNATURE
Suha Davidson-Randelle

	1-	Middle, Las	ces 1	Ham	ilte	ON		2.	DATE OF DEATH	9	YEAR 9/	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM 218-22-	0145	5. SEX	6. AGE (In yrs	s. last birthday) YRS.	MONTHS DA		R 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year) 11/02/95		* BIRTHP Country)	
œ	9a. FACILITY NAME (If not in		THE COURT OF THE PARTY OF THE P			96. CITY, TO	VN OR LOCAT	ION OF DEATH	1	9c. COUN	TY OF OE	ATH
ECTOR	102 Dumbar	CEDENT	oad			Roo	gers F	orge		Bal	timo	re
REC						Y, TOWN OR L	CATION					10d. INSIDE CITY
DIR	Maryland Baltimore					Roge	s For	ge				LIMITS?
FUNERAL				10f. ZIP COC			10g. CITIZ	ZEN OF WH	AT COUNTRY?			
JNE	102 Dumbart	con Ro		NT EVED IN II C	ASMED	40 1400	212				USA	
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If you	, specify Cub YES 2 NO	en, Mexican, Pi	ORIGIN? (Specify Yes uerto Rican, etc.)	or No—	Specify:	- American Indien, White, etc. : White
9	15. DEC (Specify on	CEDENT'S ED	DUCATION de completed)	16e	DECEDENT'S	USUAL OCCUI	ATION		18b. KIND OF BUS	SINESS/IND		willce
COMPLETED	Elementery/Secondary (College (1-4 or 5	+)	life. Do NOT u	se retired.)	most of work	ing				
MP	0-12	Alabaha da an		8	supply	clerk			US G	-		
E COM	17. FATHER'S NAME (First, Middle, Lest) James E. Hamilton						17.0-4		First, Middle, Meiden	Sumame)		
8	19a. INFORMANT'S NAME (00		195 MAILING	ADDRESS /Sv	A:	nnie S	parks Number, City or Town	A		
5	James Hamil	lton		3.3								01010
	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION (Name of DATE 200. LOCATION — City of Town State											
	4 Donation 5 Other	r (Specify)		Ba I	toWa	ash. Cr	emato:	ry 07/	20/91 La	urel.	Mary	vland
	21. SIGNATURE OF PUNERA	AL SERVICE L	ICENSEE _		10	22, NAM	AND ADDRE	SS OF FACILIT	TY			7
	1	1	7	130	= 1.	An	brose	Funer	al Home,	Inc.		
	23. PART I. Enter the d	liseesea, or	complications the									
-	interest, or rear tailure. List only one cause on each line.									ratory erre	1227 est,	Approximate
	IMMEDIATE CAUSE (Fir	reart ranture	. Liat Only One Cat	ree on each (iine.	not enter the	mode of dy	ing, such as		ratory erre	1227 est,	Approximate interval Betwo
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TO THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR; A be filed within 72 hours after de IMPORTANT; If Item 28 Is

ian.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. I		
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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within <inours 6="" after="" attending="" be="" by="" death.="" hospital="" may="" or="" page="" physician.<="" retained="" td="" the=""><td>5 should</td><td></td><td>tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.</td></inours>	5 should		tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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19792 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 --**CERTIFICATE OF DEATH** REG. NO 2. DATE OF DEATH DAY 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 7-15-91 ROLAND COURTNEY HADEL, 10:51A 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 5. SEX A SOCIAL SECURITY NUMBER 6. AGE (in urs lest hirthday IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 N 2 F YRS. 9-11-1932 5790 219 28 Maryland 9c. COUNTY OF DEATH Sa. FACILITY NAME (If not institution, give street and number) SHI CITY TOWN OR LOCATION OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore na RESIDENCE OF DECEDEN 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 10b. COUNTY 1 YES 2 ND MD Baltimore County Dundalk 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 7441 Holabird Avenue 21222 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, apacity Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 | YES 2 | NO Specify: Specify BY 3 Widowed 4 Divorced white no no COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Disabled Truck Driver 7th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Roland Courtney Hadel Bertha Eden BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Furel Route Number, City or Town, State, Zip Code) 2 Peggy Ann Hadel Wife 7441 Holabird Avenue, Balto., MD 21222 20b. PLACE OF DISPOSITION (Name of cemetery, cremetery or 20c. LOCATION - City or Town, State 4 🔯 Donation 🤝 Other (Specify) . 21. TURE OF LINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board unace b 655 W. Baltimore Street, Balto tions that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 655 W. Baltimore Street, Balto., MD 21201 23. VART I. Enter the diseases, or completions that cause shock, or heart failure. List only one cause on **Approximate** Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, If any, leading to immediate ille cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST 245. WERE AUTOPSY ENDINGS PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY MEDICAL AMAIL AIRL F PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: tient 2 M ER/Outpetient 3 DOA 1 YES 2 W NO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. TIME OF 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigat 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 6 Could not be 4 Homicide 29a. CERTIFIER

(Chart and 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the besis of exa

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Church Hospital 21231

100 N. Broadway, Baltimore, MD DR. KWANG LEE

29b. SIGNATURE AND TITLE OF CERTIFIER

2 2 199

30. MAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Tavidson-Rondom

BALTIMORE, MARYLAND 21203-3146	after death. Page 6 may be retained by the hospital or attending physician, by the funeral directin; page 5 should be detached for use as the burial-tran most	esi examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPIDAL OR ATTENDING PHYSICIDAN. The law impaires that the death certificate be executed within 24 froum siths death. Page 6 may be intained by the hospital or attending physician and completely filled in by the funeral directin; page 5 should be detached for use as the burishing the completely filled in by the funeral directin; page 5 should be detached for use as the burishing the completely filled in by the funeral directin; page 5 should be detached for use as the burishing.	MPORTANT. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - REGISTRAR		CERTIFIC	ATE OF	DEATH	REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH		
Alexand	der Ingram						991			
4. BOCIAL SECURITY NUMBER 427-62-8888	M 2 F		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 6-17-)	Country	Sissippi		
Sa. FACILITY HAME (F not institution, give 1508 E. 29 th RESIDENCE OF DECEDENT	GENTLE STATE OF TH	91		on Location of Di imore			TY OF DE			
Md. 106. COUN	TY	10c. CITY, T	OWN OR LOCA Balt	imore						
1508 E. 29 th	St.		1	01. ZIP CODE 21218		1	ZEN OF W	HAT COUNTRY?		
11. MARITAL STATUS SCHOOL Married 2 Married 2 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Ye if yes, specify Cuben, Maxicen, Puerto Rican, etc.) 1 YES 2 NO Specify:					- American Indian, White, etc.		
15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind at work life. Do NOT use n	UAL OCCUPAT done during natired.)	ION lost of working		BUSINESS/IND				
		Pres	sure			leaner	rs_			
17, FATHER'S NAME (First, Middle, Last)	To a supply to the				AME (First, Middle, Me.	lden Surname)				
George	Ingram				dessa					
19s. INFORMANT'S NAME (Type/Print)					Floute Number, City or			- 0		
Gloria Sanders					Balto.					
NO Burtal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	THOO OF DISPOSITION (Name of cometer), cremetory or other place) 20c. LOCATION - City or To other (Specify) Franklin Memorial Cemetery New Jers									
21. SIGNATURE OF FUNERAL SERVICE I	22. NAME AND ADDRESS OF FACILITY Derrick C. Jones F.H. 4611 Park Heights Ave. Balto., Md.15									
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Ly Correct Al Drive (LS) DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant condition	ons contributing to death	but not resulting in	ths underly	ng cause given ir	PE	S AN AUTOPSY REORMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
26. WAS CASE REFERRED YO MEDICAL	1		26.	PLACE OF DEATH (C	heck only one)			1 TES 2 NO		
EXAMINER?	HOSPITAL:		THER:		6 Other (Specify)	1				
27. MANNER OF DEATH 1 (S) Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJUR (Month, Day, Yes	Y 28b, TIME (OF 28c. I	NJURY AT YORK? YES 2 NO	26d. DESCRIBE H		CURED			
3 Builcide 6 Could not b	28a PLACE OF INJE	IRY — At home, farm, stru pecify)	et, factory, of	lica	201. LOCATION (SI City or Town, S		r or Rural I	loute Number,		
position only	SICIAN: To the best of my kn NER: On the basis of examina) and menner as stated		
LIGHT AND STORES OF PERSON N	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Jan. D	rint)	HUSS))	28d. DAT	1/23/	genera, Day, Many		
Tronoticty on, GAN	32. REGISTRAR'S SI	to-	uAJ				£			
31. DATE FILEDY (Month, Day, Year)	Julia Davidso	n-Randell								

burial-transit permit. Pages 1, 2, 3

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTEMPTED THIS ICIAN: The law requires that the death certificate be executed within Jours after	TO THE FUNERAL DIRECTION has destrificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours are used with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked or Item 23 shows any Injury, or other traumatic event, the medical
3	B execu	n and	to bur	nmati
80	ficate by	physicia	he prior	er tra
Ö	th certif	ending	I Hygiel	or oth
S, F	the deal	the att	Menta	nluny,
ORO	es that	ned by	alth and	s amy
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19794 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 14 JULY 7:25 PM CARRIE A. ILEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F 93 215-42-9929 14,1898 PENNA YRS. APRIL 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1100 HOLLINGSWORTH ROAD JOPPA HARFORD DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY ARYLAND HARFORD JOPPA 1 WES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21085 1100 HOLLINGSWORTH ROAD UNITED STATES 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indien, Black, White, etc. If yes, specify Cuban, Mexicen, Puerto Rican, atc.) 1 Never Married 2 Married 1 TYES 2 NO Specify: BY 3 X Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION ecity only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Seco College (1-4 or 5+) HOMEMAKER OWN HOME 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) CHARLES W. WALES SUSIE SMITH BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Parall Route Number, City or Yoym, State, Zip Code) 2 21085 LOUISE I. AMREIN 20e. METHOD OF DISPOSITION

1 Disposition | Burlet | 2 | Cremetton | 3 | Removal from State | 4 | Donetion | 8 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State HIGHLAND CEMETERY STREET, MARYLAND 22. NAME AND ADDRESS OF FACILITY ou HARKINS FUNERAL HOME, INC. DELTA, PA 23/PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heert fallure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese or condition resulting in death) CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to deeth but not reculting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2/ 10 OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 8 🂢 Residence 8 □ Other (Specify) 1 TES 2XX10 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident М 1 YES 2 NO BY 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida COMPLETED 6 Could not be 4 Homicide 29e. CERTIFIER

(Chack ank 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month: Dig. West)

▶ 7/16/91 250. SIGNATURE AND TITLE-OF CERTIFIER 29s. LICENSE NUMBER BE

7505 OSLER DR. SUITE 312

31. DATE FILED (Month, Day, Year) 2 2 1991

SHIRLEY THOMP'SON-RICHARDS,

32. REGISTRAR'S SIGNATURE Lulia Saindran Bando 12

MD

TOWSON,

	STATE OF MARYLAND	/ DEPARTMENT OF ERTIFICATE O	HEALTH AND		19795						
	REGISTRAR (1) DECEDENT'S NAME (First, Middle, Last)		PUEATH	REG. NO.	YEAR 3 TIME OF DEATH						
	(A) SOCIAL SECURITY NUMBER (B) SEX (B) AGE (In yrs. lost birthday) (B) SUNDER 1 YEAR (B) F UNDER 1 YEAR (B) F UNDER 1 YEAR (B) F UNDER 1 YEAR (Month, Dyly, Year) Ountry) Ountry) Ountry) Ountry) Ountry) Ountry)										
	9e. FACILITY NAME (If not institution, give street and number)	UNTY OF DEATH									
СТОВ	RESIDENCE OF DECEDENT	D.F.	BALIO., Mg.								
DIRECTOR	106. STATE 106. COUNTY	10c. CITY TOWN OR LO	CATION		10d. INSIDE CITY LIMITS? 1 D YES 2 NO						
	10e. STREET AND NUMBER	,	101. ZIP CODE	10g. Cr	TIZEN OF WHAT COUNTRY?						
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 Married		HIC ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian, Black, White, etc.							
BY	1 Never Married 2 Married IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES		specify Cuban, Mexica rES 2 NO Specify		Specify: BLACK						
COMPLETED	(Specify only highest grade completed) ((ECEDENT'S USUAL OCCUP Give kind of work done during b. Do NOT use retired.)	ATION most of working	16b. KIND OF BUSINESS/IN	IDUSTRY						
MPL	SCONDARY	ARAb	VENde								
BE CO	17. FATHER'S NAME (First, Mittald, Last) AMRS		ELIZY	ME (First, Middle, Melden Surname) 1 beth 101	NES						
10	ELIZABETH JAMES	WATETS	To MyC. T	Apt 705 & A	Location, Mi						
	20a, METHOD OF DISPOSITION HID-Burlel 2 Cremation 3 Removal from State 20b, PLACE OF DISPOSITION (Name of cornetory, crematory or the place) 20c, LOCATION—City or Town, State 20c, LOCATION—City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	Joseph D. Locker.	IN Liz	Ro Jun	isof Home 13	04 n. Canbell						
	(23) PART 1 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Ventyicular Sibrillatim										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL C	PART(II) Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 1 VES 2 NO										
AN	(25) WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER? 1 YES 2 NO 1 PER DEPLICATION OF THE PROPERTY OF TH	OTHER:	B. PLACE OF DEATH (C/								
	27. MANNER OF DEATH 1 Netural 5 Pending 28a. DATE OF INJURY (Month, Day, Year)	INJURY	INJURY AT WORK?	28d. DESCRIBE HOW INJURY O	CCURED						
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined determined set of the suicide set of										
COMPLETED	(Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one of the best of my knowledge, one of the best of examination and/or										
BE	(298). SIGNATURE AND TITLE OF CERTIFIER	.D	29c. LICENSE NU	MBER (299) DV	ATE SIGNED (Month, Day, Year)						
2	30) NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (IT.	rcy Med (tr 301	StPaul 5	+ Balto MD						
	31. DATE FILED (Month, Day, 1961) 32. DEGISTRATES SIGNATURE	Pandell									

DHMH-16 Rev 1/89

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Merial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	15-0020	ending physician.	as the burial-transit permit. Pages 1, 2, 3 should	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be in the control of the control	MAKYLAND 212	retained by the hospital or a	5 should be detached for us	notified at once.
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examination.	IMOKE,	Page 6 may be	al director, page	iner must be
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 FUNERAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the	BAL	hours after death.	or removal.	medical exami
	F VII AL RECORDS, P.O. BOX 68/60,	HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	TANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the

	FOR 1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF		HEALTH AN	D ME	NTAL HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) GERTRUDE	GERTRUDE	LUCAS J	OHNSON				١,١	YEAR 991	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-46-7233		GE (In yrs. last birthday) 90 YRS.	IF UNDER 1 YEAR		S. 7.	DATE OF BIRTH (Month, Day, West) 10-13-00 S. BIRTHPLACE (Country) Maryla:				
	9a. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOW	N OR LOCATION O	F DEATH	ATH 9c. COUNTY OF DE				
TOR	UNION MEMORIAL H	OSPITAL.		BALTI	OPE CITY	7		N/A			
3EC	10a. STATE 10b. COUNT	Υ	10c, CIT	Y, TOWN OR LO	WN OR LOCATION				10d. INSIDE CITY		
ā		XXX Balti	more E	altimo	altimore				1 TES 2 KNO		
RAL	10e. STREET AND NUMBER	70.7			101. ZIP CODE	_		10g. CITIZEN OF WHAT COUNTRY?			
NE	41B Leatherwood	12. WAS DECEOENT EVER IN U.S. ARMED			2123		ORIGIN? (Specify Yes		USA 14. BACE	- American Indian.	
BY FUNERAL DIRECTOR	1 Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 1	If yes	specify Cuben, Ma ES X NO Sc	xican, P			Black Specif	, White, etc. White White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		18s. DECEDENT'S (Give kind of Ms. Do NOT u	work done during	ATION most of working		16b. KIND OF BUSI	NESS/INC	DUSTRY		
IPLI	12	College (1-4 of 5+)	Hom	emaker				N/	A		
CON	17. FATHER'S NAME (First, Middle, Last)				200		(First, Middle, Maiden S				
BE	Charles K. Lucas	3					Gordon At				
2	19a. INFORMANT'S NAME (Type/Print) Philip C. Johnson	1	E-200				altimore,			d 21237	
	20a. METHOO OF DISPOSITION	noval from Stata	20b. PLACE ANO OAT	E OF OISPOSIT	ON (Name		DATE 20c, LOC				
	4 Donetion 8 Other (Specify)	CENCEE //	of cemetary, cremator Loudon Pa		etery	_	7/19 Balt	imor	e, M	aryland	
	Dennis Ster	in Kenak				Mit	chell-Wie Baltimor				
CERTIFICATION	ahock, or heart feliure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Acute DUE TO (OR DUE TO (OR C. OUE TO JOR	AS A CONSEQUENCE OF THE CONTRACT OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONSEQUENCE OF THE CONTRACT OF THE CONTRACT OF THE CONSEQUENCE OF TH	CAN :	plack plack	in.	nhovelin			interval Between Onset and Death	
							. 1				
PHYSICIAN: MEDICAL	PART II. Other significant condition	of Alma		la him	ying cause give	n in Pa	rt i. 24a. WAS AN / PERFORI	MED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				. PLACE OF DEATH	l (Check	only one)				
rsic	1 Tes 2 NO	HOSPITAL: 1 Mapatient 2 □ ER	/Outpetient 3 DOA	OTHER:	iome 5 🗆 Raside	nce 6 [Other (Specify)				
PH	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Y			INJURY AT WORK?		8d. DESCRIBE HOW IN	JURY OC	CCURED		
ВУ	2 Accident Investigation		JURY — At home, farm,		YES 2 NO	-	81. LOCATION (Street a	nd Numba	er or Rural I	Boute Number	
COMPLETED	3 Suicide 8 Could not be 4 Homicide detarmined	building, etc.	(Specify)	straet, factory,	Allo	1	City or Town, State)	no manno	or riurar r	todio Hamber,	
E)	29a. CERTIFIER CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occur	red at the time.	data and place, and	due to	the cause(a) and man	ner as st	nted.		
JMC	TOTAL OTHER	IER: On the basis of axemi								a) and manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIE				29c. LICENSE	NUMBE	ER	29d. DA	TE SIGNED	(Month, Day, Year)	
10	30. NAME AND ADDRESS OF PERSON W		OF OEATH (ITEM 27) (Typ		1 -	1	(1 - 1	1	111	.6 (9)	
	L. VIELLIA			ion 1	demond	u	litos pita	1 }			
	31. DATE FILED (Month, Day, Year)	Julia Davidson									



OHMH-18 Rev 1/89

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MSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Merdal Hygiene prior to burial, cremation, or removal.	ind, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL DR ATTENDATION PHYSICIAN: The law require	AL DIRECTOR THE INS Certificate has been sig	72 hours are property with the State Dept. of Hea	If item 25 is married, or item 23 shows
TO THE HOSP	TO THE FUNE	be filed within	IMPORTANT

31. DATE FILED (Morn

1991

	FOR 1 . STATE REGISTRAR	STATE OF MARYLAND		T OF HEALTH AND	MENTAL HYGIEN REG. NO	_	3797
	1. DECEDENT'S NAME (First, Middle, Last)	Antonina	A CONTRACTOR	Kuczynski	2. DATE OF DEATH MONTH DO	AY YE	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/5-24-5308 9. FACILITY NAME (If not Institution, give str	6. SEX 6. AGE (In yrs. In:	YRS. MONTHS	ER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Morth, Day, Year)	92 9	SHITHPLACE (State or Foreign Country) Poland
HOT.	Francis Scott Key RESIDENCE OF DECEDENT	Medical Center	90. 01	Baltimore (9c. COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	or location imore			10d, INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4/3 Elrino Street	et		101. ZIP CODE 21224		10g. CITIZEN	of what country?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	I. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 K NO Specif	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	completed) (0	ECEDENT'S USUAL C Give kind of work done to. Do NOT use retired.	e during most of working	Confec		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Louis Ferenc			18. MOTHER'S NA	AME (First, Middle, Malden Kocur		
0	190. INFORMANT'S NAME (Typo/Print) Marie Lewandowski	19	96. MAILING ADDRES 413 Elri	ss (Street and Number or Rural no Street Ba	House Number, City or Tow Lto., Md. 2	n, State, Zip Coo 1224	io)
	26a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)		e and date of dis			Baltin	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICE	D. Julie	22	harles S. Ze	ACILITY	Inc.	6224 Fastern Ave.
	23. PART i. Enter the diseases, or conshock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on each line	leath. Do not ente	er the mode of dying, suc			Approximate interval Between Onset and Death
	resulting in death)	Dementer DUE TO (OR AS A CONSE	EOUENCE OF):	hermer.	+4pe		gens.
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	EOUENCE OF):				
ERTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	EOUENCE OF):				
I	PART II. Other significent conditions	e contributing to death but not	resulting in the u	underlying cause given in	Part I. 24a. WAS AMPERFO	RMED?	24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
. WE	Presu	e sores 2-	3 ms				1 TES 2 NO
PHYSICIAN: MEDICAL	25. WAS CASE REFERED O MEDICAL EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient	3 DOA OTH	26. PLACE OF DEATH (CER; ursing Home 6 🗆 Residence			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY — At h building, etc. (Specify)	nome, ferm, street, fa	ictory, office	261. LOCATION (Street City or Town, State	end Number or I	Rural Route Number,
COMPLET	don't bring	CIAN: To the beat of my knowledge, d					ruse(s) and manner ea stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	refu mo		29c. LICENSE NU		29d. DATE SI	GNED (Month, Day, Year)
- 1	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH /IT	EM 27) (Type Print)			7	

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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFIC	CATE OF DE	ATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	VEAR	3. TIME OF DEATH
	FERDINAND E. KRESMENT SR.			'	MONTH DAY) 91	1:10 p. M
					DATE OF BIRTH	a. BIRT	THPLACE (State or Foreign
	215-07-3318 1△ № 2 □ 月	70 YRS.	NONTHS DAYS HOUR	S MIN.	(Month, Day, Year)	Ba l	t.,Maryland
	Sa. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR LOC			9c. COUNTY OF	
DIRECTOR	DVA MEDICAL CNTR.,FT. HOWARD	D, MARYLAND	BALTIM	ORE		BAI	TIMORE
E	10e. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION				10d. INSIDE CITY
	MARYLAND BALTIMORE	BAT	TIMORE				LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	252.113	101. ZIP C	ODE	T	10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	7042 Belclare Road		2	1222	-	U.S.	Δ
ž	11. MARITAL STATUS 12. WAS DECEDENT EV				ORIGIN? (Specify Yee		CE — American Indian, ick, White, atc.
	1 Never Merried 2 X Married FORCES? 1 X IF YES, GIVE WAR		If yes, specify C	uben, Mexicen, Pa	uerto Rican, etc.)		ick, White, atc.
BY	3 Wildowed 4 Divorced WWII		1			Whi	
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. DECEDENT'S U	ISUAL OCCUPATION	orkina	16b. KIND OF BUSI	NESS/INDUSTRY	
Щ	Elementary/Secondary (0-12) College (1-4 or 5 +)		ork done during most of will retired.) Leader For		Bethlehi	am Ctaa	D
AP.	9 years	Mozeman	Leaner For	teman.	bedicen	an siee	C
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. N	OTHER'S NAME (First, Middle, Meiden S	lumame)	
BE (WILHELM AUGUSTA KRESMENT			VI LAMENT			
0	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING /	ADDRESS (Street and Nur BELCLARE RO	nber or Rural Route	Number, City or Town,	State, Zip Code)	01000
F	CATHERINE E. KRESMENT	7042 6	SELCLAKE KI	JAV BALI	I IMURE, M	AKYLANU	21222
	20s. METHOD OF DISPOSITION 1 ☐/Buriel 2 ☐ Cremetion 3 ☐ Removal from State	20b. PLACE OF DISPOSI other place)				ATION — City or	the state of the s
	4 Donation 5 Dother (Specify)	Garrison Fo	rest Cemer	tery 7-	-23 Owi	ngsMill	s, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADD	PRESS OF FACILITY	TY Laws	a/ Dun	dalk, Inc.
	Down + Cours	Len.			rue Balti		
	23. PART I. Enter the diseases, or complications that co		ot enter the mode of	dying, auch as	n cerdiec or reapir	etory arrest,	Approximete
	shock, or heert fallure. Liet only one cause IMMEDIATE CAUSE (Final	on each line.					Interval Between Onset and Daath
	disease or condition Concept i	ve Heart Fa	ailure				
		AS A CONSEQUENCE OF					
_	- Myocardi	al Infarct					
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF):				
S	cause. Enter UNDERLYING CAUSE (Disease or Injury						
	that initiated events DUE TO (OR	AS A CONSEQUENCE OF):				
ER	resulting in death) LAST						
	PART II. Other algnificent conditions contributing to de-	ath but not reaulting in	n the underlying cau	se given in Par	t I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS
DICAL	Old CVA				PERFORI		AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDI					1 YES 2	M NO	OF DEATH?
2					-		1 TES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PLACE (OF DEATH (Check	only one)		
PHYSICIAN: ME	EXAMINER? 1 YES 2 XNO 1 XXpetient 2 E	Mutnetlant 3 004	OTHER:				
HYS	27. MANNER OF DEATH 28a. DATE OF INJ	IURY 286. TIME	OF 28c. INJURY A		d. DESCRIBE HOW IN	JURY OCCURED	
	1XXNatural 5 Pending (Month, Day,	(bar) INJI	M 1 YES	2 🗌 NO			
BY	2 Accident Investigation 3 Suicide a Could not be 28e. PLACE OF IN	IJURY At home, farm, s	treet, factory, office	28	H. LOCATION (Street o	nd Number or Flun	al Route Number,
	3 Suicioe a Could not be building, etc. 4 Homicide determined	(Specify)			City or Town, State)		
LE	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my	insculation death assume	d at the time date and a	less and due to	the several and man		
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basis of exam						e(s) and menner se stated.
		!	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ATT -			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	hom -		305		DATE SIGN	ED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAME	OF DEATH-TITEM 273 / Tone		202	0	1/2	0/7/
-				TTI IIO	JARD MAR	SZE ANTO O	4.050

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MORE), 184. 12'2 1991

32. REGISTRARY SIGNATURE

BALTIMORE, MARYLAND 21203-3146	the 6 may be retained by the houseast or attending physic	finds, any 5 around be or even by use as the buria
BALTIN	24 Nours after death. Pa	filled in by the hourse of
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page is many the mutimal by the size of the physician of the control	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by minimage and a second signed by the attending physician and object of Health and Mental Hygiene prior to burial, creming a minimage and the State Dept. of Health and Mental Hygiene prior to burial, creming a minimage and the state Dept. of Health and Mental Hygiene prior to burial, creming a minimage and the state Dept. of Health and Mental Hygiene prior to burial, creming a minimage and the state of the state
DIVISION OF VITAL	HOSPITAL OR ATTENDING PHYSICIAN: The IS	FUNERAL DIRECTOR: After this certificate has within 72 hours after death with the State De

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IMPORTANT: If

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2 2 1991

31. DATE FILED (Month, Day, Year)

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attending physician.

19799 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 12:20 A m Lane dora 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR | IF UNDER 24 HRS. DAYS MONTHS HOURS 1 M 2 XF -46-0545 -1903 Virginia - 26 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH BO. COUNTY OF DEATH Paltimore DIRECTOR RESIDENCE OF DECEDENT 10d. INSIDE CITY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Md. Baltimore 1 TES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 21209 Ave ogers 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 84 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) College (1-4 or 5+) Teacher High School 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Sumame) James Ethel Hilton 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Rogers Wes AUE. 2211 w. 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cree 20c. LOCATION - City or Town, State 1 Buriel 2 Cremetion 3 Removal from State Other (Specify) Parkwood Cemetery Baltimore, Md. 21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Reisterstown, Md. 211 3. Eline Funeral Home 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line interval Between **Onset and Death** IMMED ATE CAUSE (Final eel Vasular Disease disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Sip bilet lower left entry augu AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER 1 Inpetient 2 ER/Outpetient 3 DOA ing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME DF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 7-19-91 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print Bulto and wo 32. REGISTRAR'S SIGNATURE DHMH-18 Rev 1/89

YEAR

3. TIME OF DEATH

1:55P

2. OATE OF OEATH DAY July 8, 1991

LANCASTER

1 - STATE REGISTRAR

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	Memorial Ho	OSPITA CEDENT	al & Medical	Center	Cum	berland		Alle	egany	
RECTOR	10a. STATE	10b. COU		10c.	CITY, TOWN OR				100	I. INSIDE CITY LIMITS?
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RAL	10e. STREET AND NUMBE					10f. ZIP COOE		10g. CITIZI	EN OF WHAT	
NER	Rt.	3, Box	188	VED IN U.S. ADMED	I do um	2155			USA	
BY FUN	1 Never Married 2	and the same of th	FORCES? 1 (3)	YES 2 NO	lf y	S DECENDENT OF HISPAN res, specify Cuban, Maxica YES 2 NO Specify	n, Puarto Rican, etc.)	s or No—	Black, WI Specify:	American Indian hite, etc. White
TED		CEDENT'S E		16a. DECEDEN	IT'S USUAL OCC	UPATION ring most of working	16b. KIND OF BU	SINESS/INDU	STRY	W11.20
LET	Elementary/Secondary	(0-12)	College (1-4 or 5+)		Of use retired.)	Danastmant	mi	24		
COMPL	17. FATHER'S NAME (First,	Micidia Last)			uring	Department	ME (First, Middle, Maider	e Manu	tactu	ring
_	and the second second		Cu Cu					Garmeney		
BE	John R. 19a. INFORMANT'S NAME		aster Sr.	19b. MAIL	JING ADDRESS (Street and Number or Rural I	ie Ross Poute Number, City or Tox	vn. State, Zip C	Code)	
5	Mrs. Wanda		ster			x 188 Rawl				
	20s. METHOD OF DISPOS	ITION		20b. PLACE AND O	DATE OF DISPOS	SITION (Name		OCATION — C		State
	1 Suriel 2 Creme 4 Donation 5 Oth		emoval from State	of cemetary, crema	story or other place		71/11/91	Rawlin	os M	id.
13	21. SIGNATURE OF FUNE	RAL SERVICE	LICENSEE /			AME AND ADDRESS OF FA	OH PERM		0	Street
	1 23	we and	II Am	2/1						
	22 PART I Enter the	nan	or complications that co	august the death. I		truck Funer				Approxima
Z		litions,	b	AS A CONSEQUENC						
ICATIO	Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	YING	С							21112
ERTIFICATIO	If any, leading to imm	YING IJUIY	С	R AS A CONSEQUENC						-114
MEDICAL CERTIFICATION	If any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	LYING Djury	С	eth but not resulti	E OF):	erlying couse given in		RMED?	CO OF	MPLETION OF CO DEATH?
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BY PHYSICIAN: MEDICAL	If siny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LATE of the control	YING	HOSPITAL: Mark Mar	RAS A CONSEQUENCE eth but not resulting the second of the	OTHER: OTHER: TIME OF INJURY M Courred at the time	26. PLACE OF DEATH (Ching Home 5 Residence 18c. INJURY AT WORK? 1 YES 2 NO y, office	eck only one) 6 Other (Specify) 26d. OESCRIBE HOW 26f. LOCATION (Street City or Yown, State to the cause(a) and must time, date and place, a	INJURY OCCI	URED URED OF Rural Route of Rural Route of Signed (McC	NLABLE PRIOR I MPLETION OF CO DEATH? YES 2 N Number, Number, Indiana Manner as et
E COMPLETED BY PHYSICIAN: MEDICAL	If siny, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Later of the cause of the ca	Pending Investigation Could not determined ERTIFYING PREDICAL EXAM	HOSPITAL: Xinpatient 2 Ein be be be be be be best of my liner: On the best of axer	R/Outpatient 3 DO JURY 25b. NJURY — At home, fai: (Specify)	OTHER: OTHER: A 4 Nursir TIME OF RNJURY M Imm, street, factor coursed at the tim getton in my opi	26. PLACE OF DEATH (Chang Home 5 Residence 86. INJURY AT WORK? 1 YES 2 NO y, office we, data and place, and due inton, death occured at the	eck only one) 6 Other (Specify) 26d. OESCRIBE HOW 26f. LOCATION (Street City or Yown, State to the cause(a) and must time, date and place, a	INJURY OCCI	URED URED OF Rural Route of Rural Route of Signed (McC	YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL	If siny, leading to Imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) Later of the cause of the ca	YING plury AST Cent condition To Medical Pending investigate Could not determined ERTIFYING PHEDICAL EXAM	HOSPITAL: Contributing to de Contributing to de Contributing to de Contributing to de Contributing to de Contribution Contribu	R/Outpetient 3 DO JURY 25b. NJURY — At home, fai: (Specify)	OTHER: OA OTHER: OA OTHER: TIME OF INJURY M	26. PLACE OF DEATH (Chang Home 5 Residence 86. INJURY AT WORK? 1 YES 2 NO y, office we, data and place, and due inton, death occured at the	PERFO 1 YES 1 YES 6 Other (Specify) 28d. OESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(e) and monthme, date and place, and MBER	INJURY OCCI	URED URED OF Rural Route of Rural Route of Signed (McC	NLABLE PRIOR 1 MPLETION OF C DEATH? YES 2 N N Number, Number, Number, Number, Number, Number, Number,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the intending physician and completely filled in by the funeral director, page 5 should be detached for use as the burna-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remonal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF I	MARYLAND C	/ DEPAR	TMENT (F H	EALTH DEAT	AND I	MENT/	AL HYGIEI REG. NO		198	801
1. DECEDENT'S NAME 4. SOCIAL SECURIT	WE (First, Middle, Last)	GERTR	UDE 6. AGE (In yrs. Is	AGNES	ME'		IF UNDER	24 lime	MON	-	DAY 2/ —	PAR 9	3. TIME OF OEATH 230 A M PLACE (State or Foreign
215-82-8		1 🗆 M 2 🗸 F		YRS.		AYS	HOURS	WIN.	Mai	ch 16		Country;	Maryland
	e County		Hospita	1				town				Balti	
Baltimor RESIDENCE O 10e. STATE Maryland	10b. COUNT Balt	imore		77	y, town on i arkvil		ON			X.			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
7	9 Chenoak							234				U.S.	A.
3 Widowed 4	2 X Married		TEVER IN U.S. A YES 2 () WAR OR DATES	RMED NO	If ye	s, spe	city Cubi		ın, Puerto	IN? (Specify You Rican, atc.)	es or No-	14. RACE Black, Specify	- American Indian, White, etc. White
Elementary/Seco	15. DECEDENT'S EDU ecity only highest grade ondary (0-12)		+)	GIVE KIND OF USE	USUAL OCCU work done duri se retired.) Wife	PATIO ng mos	N t of world	ng	16	b. KIND OF B	JSINESS/IND	USTRY	
17. FATHER'S NAME Jame		Brown						HER'S NA	ME (First	Middle, Meide	n Sumamo) ulleri	ie	
I INE. HALOUMANTE	name(Typo/Print) ice Meyer									nber, City or To			
	ition	Complications the List only one ca		death. Do	not enter th	eor	nard da of dy	ing, suc	Ruck th as ca	rdiac or rea	5305	Har	ford Rd. Approximata Interval Between
Sequentially list If any, leading to cause. Enter UN CAUSE (Disease that initiated ever resulting in deat	DERLYING or Injury	b	O (OR AS A CONS	EQUENCE O	PF):								
	ignificant conditio	na contributing to	deeth but no	t resulting	in the unde	rlying	cause	given in	Part I.		ORMED?	24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFE	ERRED TO MEDICAL					26. PL	ACE OF I	DEATH (C)	heck only	one)			
		28a. DATE O	ER/Outpetient F INJURY Day, Year)	28b. TIR	WE OF 28	ic. INJ	URY AT RK?		_	her (Specify) ESCRIBE HOV	/ INJURY OC	CURED	
2 Accident 3 Suicide 4 Homicide	8 Could not be determined	28a. PLACE building	OF INJURY — At , etc. (Specify)	home, farm,	street, factory	, office			281. LC	CATION (Street by or Town, Sta	et and Number (e)	or Rural R	oute Number,
J Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2		SICIAN: To the best of											and manner as stated.
29b. SIGNATURE AP	DRESS OF PERSON W	HO COMPLETED CAN	House USE OF DEATH (I	Physical Chip	Sice.		29c. LIC	363	HS7	5	29d. DAT	P/2	(Month, Day, Year) 1/9/ candal/5/2
31. DATE FILED (MO	nth, Day, Year) 22 1991	32. REGISTA	Sulfy was a signature and a signature	se i	Cerui	y	07-	ensis	P	Hoy	stal.	V	1024133

ORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: Il Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours afficient of TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the units be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1 - STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART	MENT OF HE	ALTH AND N	MENTAL HYGIEN	E	13002
1. DECEDENT'S NAME (First, Middle, Last ALVEDO	CORNELI	US MOR	GAN	4	2. DATE OF DEATH	AY YEAR	
4. SOCIAL SECURITY NUMBER 217-11-0238 9a. FACILITY NAME (If not institution, give	1 M 2 D F	7 YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN OR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-06-1921	a. BIF	12:34 P WITHPLACE (State or Foreign AMAICA, WI
Market Constitution				RE CITY	AIN .	BALTI	
THE JOHNS HOPK RESIDENCE OF DECEDENT 100. STATE 10b. COUN CLARENDON	TY	10c. CITY,	TOWN OR LOCATION	PN			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 18 SUNNYSIDE 11. MARITAL STATUS 1 Never Married 2 XMarried	E AVE.		101. 2	ZIP CODE		JAMAICA	WHAT COUNTRY?
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	II yes, spec	NOENT OF HISPAN. Ify Cuben, Mexicar NO Specify.	IC ORIGIN? (Specify Yea , Puerto Rican, atc.)	BI	CE — American Indian, ack, White, etc.
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	UCATION 16 completed) College (1-4 or 5+)	(Give kind of wo ille. Do NOT use	JSUAL OCCUPATION ork done during most retired.)	of working	machini	siness/industry	
17. FATHER'S NAME (First, Middle, Last)				IS. MOTHER'S NAM	IE (First, Middle, Maiden	Surneme)	
Richard Morgan 196. INFORMANT'S NAME (Type/Print)		10b MAN INC	DODESS (Standard	Zetilda	Beckford outs Number, City or Tow.		Ø 14
Basil Morgan			urnbrieg		Baltimore		212
20e. METHOO OF DISPOSITION 1 Deriel 2 Cremetton 3 Rei 4 Donation 5 Other (Specify)	noval from State 20b. PL cemeter	ACEAND DATE OF	FDISPOSITION (Name of place) Cla	e of	DATE 20c. LO	CATION — City or	
21. SIGNATURE OF FUNERAL SERVICE L	D. Brow	N	Joseph	H. Brow	m Jr. P.A		re, MD 21223
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	a. Sepsion of as a co	Ce I	Lymi	Homa	-STAG	EIV	Onset and Deat 2 Weel 3 Mon
PART II. Other algnificant condition	ns contributing to death but r	not resulting in	the underlying o	ause given in F	Part I. 24s. WAS AN PERFOR	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20 DI A/	E OF DEATH (Chec			
EXAMINER?	HOSPITAL:		OTHER:			HOSPIT	- A.1
27. MANNER OF DEATH t Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJUR	Y AT	28d. DESCRIBE HOW IN		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — / building, etc. (Specify)	At home, farm, str	eet, lectory, office		281. LOCATION (Street a City or Town, Stete)	nd Number or Rure	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of my knowledger. On the basis of examination en	e, death occurred d/or investigation,	at the time, date en	d place, and due to	o the cause(s) and men	ner as stated.	(s) and manner as stated.
296. SIGNATURE AND TITLE OF GENTIFIE	James S	Degm	an ?	RC. LICENSE NUMB	ER	29d. DATE SIGNE	D (Month, Day, Year)
31. DATE FILED (Month, Day, Year)	JAMES 5	PEGM		Tohns	HOPKINS	HOSPITI	AL, BALT. M
JUL 2 2 199	1 ha Javidson						



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and a

TO THE HOSPITAL OR ATTENDING PHYSOTAN The law requires that the death certificate be executed within 24 hours and found the found by the attending physician and completely filled as the found of the found by the attending physician and completely filled as the found of the found by the attending physician and completely filled as the found of the found of the found of the found that the found the found that had been signed by the attending physician and mental Hygiene prior to burial, cremation, or manner after the filled within 72 hours after death write file State Dept. of Health and Mental Hygiene prior to burial, cremation, or manner BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

his Navidson Randell

TO BE COMPLETED BY FUNERAL DIRECTOR

G-678 8/28/91 cm								0 1		9803
FOR 1 - STATE	STATE OF M	ARYLAND	/ DEPARTMI	NT OF	HEALTH AND	MENT	AL HYGIEN	E	1	5000
REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		C	ERTIFICA	TE OF	DEATH	-	REG. NO			
CHARLE	c . A	1ED	KIE				E OF DEATH	AY _	YEAR 3	TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	101	, , ,	Sr.				18	91	1147 142
217-05-5786	1 3M 2 F	8. AGE (In yrs. I	YRS. MONT	HS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	e OF BIRTH 2 nth, Day, Year)	/25/05	S. BIRTHPL Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give str		00					162/20		Mary	land
Baltimore County			90.		OR LOCATION OF			9c. COUN	TY OF DEA	TH
RESIDENCE OF DECEDENT	General			Ran	dallstow	n			Balti	more
10e. STATE 10b. COUNTY			10c. CITY, TOV	VN OR LOCA	ITION				10	d. INSIDE CITY
	ltimore		_Arbi	utus	Haleth	orne			1	LIMITS?
10e. STREET AND NUMBER				10	If. ZIP CODE	L.		10g. CITIZ	EN OF WHA	T COUNTRY?
5740 First Avenue					2122	7		US	SA	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1			13. WAS DE	CENDENT OF HISPA	NIC ORIG	IN? (Specify Yes	or No-	14. RACE -	American Indian, /hite, etc.
3 Wildowed 4 Divorced	IF YES, GIVE WA				S 2 D NO Spec		, mount, etc.)		Specify:	White
15. DECEDENT'S EDUC	ATION	I 160 C	ECEOENT'S USUA	OCCUPAT	011					WILLCE
(Specify only highest grade (Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work do	one during m	ost of working	10	b. KINO OF BUS	SINESS/INOL	ISTRY	
Crombinal year of the last of	College (1-4 of 5+)		Car	pente:	r		Buil	lding		
17. FATHER'S NAME (First, Middle, Lest)					18. MOTHER'S N	AME (First	Mickelle Mekten	Sumamal		
George Merl	kle					la P		our name,		
19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING ADDR	ESS (Street	and Number or Rumi	Boute Nue	mber City or Tour	n. State. Zip (Codel	
Charles T. Merkle	e, Jr.		1301 Su	lphur	Spring :	Road	Arbuti	IS. Ma	arvla	nd 21227
20e. METHOD OF DISPOSITION 15 Buriel 2 Cremetion 3 Remo		20b. PLACE	AND DATE OF DIS	POSITION (N	ame of	DA		CATION - C		
4 Donation 5 Other (Specify)	VIII TOM STATE		downidae		oral Par	L 07	/20/01	Dox		Marari au d
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE			22. NAME A	ND ADDRESS OF F	ACILITY	Ambros	e Fur	sey,	Maryland
1	=		0	1328	Sulphur	Spr				
23. PABF1. Enter the diseases, or bo	emplications that o	aused the d	eath. Do not en	ter the m	de of dvina su	DPI.	rdles or mont	id, AL	.butu:	
snock, or neart failure. L	lst only one cause	on each lin	a.		and on aying, so	us de Cei	ruiac or reapi	ratory arre	at,	Approximata Interval Batween
IMMEDIATE CAUSE (Final disease or condition	SE	PSI	5							Onaat and Death
resulting in death)	DUE TO (O	R AS A CONSE	OUENCE OF:							O' MIK
	11	TT	2 D	NEI	MONI	A				
Sequentially list conditions, if any, leading to immediate	DUE TO (O	AS A CONSE								
CAUSE (Disesse or Injury										
that initiated events	DUE TO (O	R AS A CONSE	OUENCE OF):							
resulting in deeth) LAST						_				
PART II. Other significant conditions	contributing to de	eth but not	resulting in the	underlyln	a ceuse alven la	Dort I	24- 110-011	AL FRANCE	T	
OHE CAPD			rooding in the	underryin	g couse given in	Part I.	24a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE
							1 YES 2	□ NO		DEATH?
									1(YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				24 P	LACE OF DEATH (C)	hank a-k a				
	HOSPITAL:	D40-4-44-4	ОТН	ER:						
27. MANNER OF DEATH	28a, DATE OF IN		28b. TIME OF		URY AT	1	er (Specify) SCRIBE HOW IN	ILIEW OCCU	1050	
1 Natural 5 Pending	(Month, Day,	Year)	INJURY	WC	YES 2 NO	200. DE	SCHIBE HOW IT	JUHY OCCU	HED	
2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF I	NJURY — At h	ome, farm, street,		-	281 1 04	CATION (Street e	nd Mumber o	- British Barrier	Alamba
4 Homicide 6 Could not be	building, ato	: (Specify)	,,,	actory, offic		City	or Town, State)	na Number o	r Hurai House	Number,
290. CERTIFIER 1 CERTIFYING PHYSIC			38							
(Check only										
2 MEDICAL EXAMINER	THE PERSON OF SERVICE	WIND WIND OF	veenganon, in m	y opinion, o	eetn occured at the	time, det	e end place, end	due to the	ceuse(s) en	d manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIER	LID				29c. LICENSE NU	MBER	7 -	29d, DATE	SIGNED (Mo	onth, Day, Year)
30 NAME AND ADDRESS OF DEDOCULARY	COMPLETED THE	OF DC			25	13.	77	P 7	.18	. 9/
30. NAME AND ADDRESS OF PERSON WHO	M A	OF DEATH (ITE	M 27) (Type, Print)	0 A	NDALI	(n 1	14	0 ~	177
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S		411	CITI	المارون	-11	UWN,	[4]	121	177.
, , , , , , , , , , , , , , , , , , , ,	Jan	- Junion Cure								

TO THE PROPERTY. After this certificate has been the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospital or attending physician.

TO THE FLORING WECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find the cours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IN THE FLORING STATE HIGH AS IN THE WAS AND INJURY, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JUL 2 2 1991

cont only		IAN: To the best o	f my knowledge,					to the cause(a) and i	nanner as state		and manner as state
2 Accident 3 Suicide 6	Pending investigation Could not be	28a. PLACE (building			M 1	WORK? YES 2	□ NO	28d, DESCRIBE HOTE 28f. LOCATION (Stree City or Yourn, Streen	et and Number o		ite Number,
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	6. PLACE OF		6 Other (Specify)			
PART II. Other signific	ant conditions	contributing to	death but not	t resulting	in the under	lying ceuse	given in		AN AUTOPSY ORMEO? 2 NO	A C	VERE AUTOPSY FINDIN WALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
Sequentially list conditions, leading to immocause. Enter UNDERLY CAUSE (Disease or injuint initiated events resulting in death) LA:	odlete VING ury c.	DUE TO	(OR AS A CONS	EOUENCE C	ንዋ): ንዋ):						3/9
ahock, or in immediate CAUSE (Fi disesse or condition resulting in death)		P.C. DUE TO	SPIVA-	+700	OF):	anc	5				Interval Betwo
21. SIGNATURE OF FUNER. 23. PART I. Enter the	O diseases, or co	emplications that			В.	2 222 2 22	ski	28 <u>& Son</u> Ba	ltimor	e, Mo	Approximate
20a. METHOD OF DISPOSI 1 Burtal 2 Cremati 4 Donation 5 Othe	on 3 🗆 Remov r (Specify)		of cemetar	rv. crematon	e of disposit y or other place Sary	Cem.		7/23 B	ocation — ci altim		
Milton Pr								Route Number, City or R Baltimor			218
Sigmund F	rice				1	V	icto	ria Mar	kiewi		
Unk.		College (1-4 or 5	F)		inist			Bot ME (First, Middle, Maid	tling		
16. OE	CEDENT'S EDUCA ly highest grade or	TION	16e D	ECEDENT'S	USUAL OCCUP work done during se retired.)	ATION a most of work	ing	16b. KIND OF 8	USINESS/INDU	Cau	.с.
143 N. Ke 11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div	Married	12. WAS OECEOEN FORCES? 1	YES 2 AR OR DATES		If yes	OECENDENT	en, Mexica	HC ORIGIN? (Specify \n, Puerto Rican, etc.)		Black, V Specify:	American Indian, Vhite, etc.
10e. STREET AND NUMBER					Dur	10f. ZIP COD	E		12		T COUNTRY?
Md.	10b. COUNTY			10c. CIT	Y, TOWN OR LO	cimor	e Ci	tv			LIMITS? YES 2 \(\square\) NO
3613 Rexn	CEDENT	1.				imor	e Ci	ty		-	
9a. FACILITY NAME (If not in	_	et and number)			96. CITY, TOV	N OR LOCAT	ON OF OE		9c. COUNT		
216-24-32		6. SEX	6. AGE (In yrs. In	YRS.	MONTHS DAY		MIN.	(Month, Day, Year) 12/04/		Country)	ACE (State or Foreign
Daniel F		(Price)			TOTAL STATE			7 2	0 199	1	
								2. DATE OF OEATH	DAY	YEAR J.	TIME OF DEATH

LETED CAUSE OF DEATH (STEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Lia Savidson Pandalle

TO BE COME	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

	FOR		STATE OF M	ARVI AND /	DEDARTM	ENT OF	HEALTH AND	MENTA	LUVCIEN	91	198	305
1 ·	STATE REGISTRAR		SIAIL OF MA				DEATH	MENIA	REG. NO.			
1.	DECEDENT'S NAME (First	, Middle, Last)						2. DATE	OF DEATH		EAR 3.	TIME OF DEATH
	Eric L.	Peta	noeve					7	17	9		3:06 1
	SOCIAL SECURITY NUM			8. AGE (In yrs. las	"	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Monti	OF BIRTH		BIRTHPLA Country)	CE (State or Foreign
	214 849		1 ₩ 2 □ F	27	YRS.	UAYS	HOURS MIN.	10-	-3-6	3		md
	Mercy desidence of De	Medica			Z Z		mo ne		d	9c. COUNTY	OF DEAT	н
_	a. STATE MD	10b. COUNTY			BAL		RE, CIT	Y				1. INSIDE CITY LIMITS? YES 2 \(\) NO
	. STREET AND NUMBER		NVALE	ST.			or. ZIP CODE					T COUNTRY?
11	MARITAL STATUS Never Married 2 Widowed 4 Divi		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA		MED	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	can, Puerto I		or No — 14	Black, W	American Indian, hite, etc.
17.	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 1 2 t h			(Gi	CEDENT'S USU five kind of work Do NOT use re BORER	done during r		16b	. KIND OF BU	SINESS/INDUS	TRY	
17.	FATHER'S NAME (First, A	fiddle, Last) PETER:	SON				18. MOTHER'S N		Middle, Maiden	Sumame)		
19	e. INFORMANT'S NAME (EMMA P	Type/Print) ETERS	NC				and Number or Rura.					. 21213
12	a. METHOD OF DISPOSI (1) Mourtal 2 Cremati 1 Donation 5 0 Other	on 3 🗆 Remo	val from State		AND DATE OF		N (Name IETERY	OAT		CATION — CH		
21	SIGNATURE OF FUNERA	AL SERVICE LICE	Willen	_			AND ADDRESS OF F		н. 11	01 E.	NO	RTH AVE.
IA d	3. PART I. Entar the cahock, or he managed the second seco	eart failure. L	lat only one caus	e on each line		anter the m	oda of dylng, su	ich aa can	diac or reap	iratory arrea	t,	Approximata Interval Between Onset and Deatl
If co	equentially list condi- any, leading to imme use. Enter UNDERLY AUSE (Disease or inj- at initiated events esulting in death) LAS	ediata ING ury		OR AS A CONSECUTION	OUENCE OF):	Course	Immun	Hiba	ciency S	yndvor	١٤)	
	ART II. Other signific	he undarlyi	ng cause given l	n Part I.	PERFORMED?		OF	ERE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 JUNO				
25	. WAS CASE REFERRED	TO MEDICAL					PLACE OF DEATH (C	Check only o	ne)		<u></u>	
	EXAMINER?		HOSPITAL:	ER/Outpatient 3		THER: Nursing He	me 5 🗆 Realdence	6 G Othe	er (Specify)			
27	MANNER OF DEATH 1 Telephone 2 Accident	Pending Investigation	26a. DATE OF (Month, De		26b. TIME O	1	NJURY AT VORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	RED	
		Could not be determined	28e. PLACE OF building, o	INJURY — At he ric. (Specify)	ome, farm, atre	at, factory, of	lice	28f. LOC City	CATION (Street or Town, State)	and Number or	Rural Rout	Number,
29	anal		CIAN: To the best of a									nd manner as stated.
29	COULL	e OF CERTIFIER	House	Lu 14	10		29c. LICENSE N	UMBER		29d, DATE S	SIGNED (M	orith, Day, Year)
30	NAME AND ADDRESS O	E-PERSON WHO	COMPLETED CAUS	E OF DEATH /ITE	M 27) (Sept. Ori	nd1						

31. DATE FILEO (Month, Day, Year)

DHMH-16 Rev 1/89

	MARY GLADYS PROPST 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24							24 HRS.	JU14 19, 1991 Q				ACE (State or Form	
	212-10-5019		1 🗆 M 2 💢 F	()		YRS. MONTHS		HOURS MIN.		(Mont	(Month, Day, Year) MAY 19,19		Country)	
TOR	96. FACILITY NAME (If not institution, give street and number) CARROLL COUNTY GENERAL HOSPITAL RESIDENCE OF DECEMENT							WN OR LOCATION OF DEATH 9c. COUNTY OF D CARROLI					TY OF DEA	
DIRECTOR	100. STATE MARYLAND	10b. COUN	ROLL	10c. CITY, TOWN DR LOCATION WOODBINE								Od. INSIDE CITY LIMITS? YES 2		
LETED BY FUNERAL	6651 WOODB		10f. ZIP CODE 21797								.S.A.			
	11. MARITAL STATUS 1 Never Merried 2 2 3 X Widowed 4 Div		FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 XNO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF NISPANIC ORI If yes, specify Cuben, Mexican, Puer 1 YES 2 NO Specify:					ea or No—	4. RACE — American Indian Black, White, atc. Specify: WHITE	
	15. DE (Specify or Elementary/Secondary	DUCATION ide completed) College (1-4 or 5	College (1-4 or 5 +) (Gi			EDENT'S USUAL OCCUPATION e kind of work done during most of working Do NOT use retired.)					JSINESS/INDU	INDUSTRY		
COMPL	17. FATNER'S NAME (First, I	TART]						SELF-EMPLOYED NAME (First, Middle, Maiden Surname)					
TO BE	JOSEPI 190. INFORMANT'S NAME (PATRICK		19b. MAJLING	EDITH LONG SLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 51 WOODBINE ROAD, WOODBINE, MARYLAND 21797								21707		
	20a METNOD OF DISPOSI 1.A Burlel 2 Cremati 4 Donation S Othe	cemetery, c	ACE AND DATE OF DISPOSITION (Name of y, cremetory or other place) DON PARK CEMETERY					WOODBINE, MARYLAND 21797 DATE 20c. LOCATION — City or Town, State BALTIMORE						
	IMMEDIATE CAUSE (Final													
	IMMEDIATE CAUSE (FI	naart lanura	s. List only one cat	it caused tha	daath. Do n	41	107	VILKE	ENS	AVENI	JE, BAL	TIMOR	E, MI	Approxima
CERTIFICATION	IMMEDIATE CAUSE (FI	tions, ediata	a. DUE TO DUE TO c.	nt caused tha duse on aach ild	death. Do n na. SEQUENCE OF	41 not entar	107	VILKE	ENS	AVENI	JE, BAL	TIMOR	E, MI	Approxima intervai Be
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR	CTATE OF BAADY!	No. / Department			9		9807
1 - STATE REGISTRAR	STATE OF MARYLA		TENT OF HEALTH ATE OF DEAT		AL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, L	illiam G. Rop			2. DA	TE OF DEATH	, 1991	3. TIME OF DEATH 4:00 P
4. SOCIAL SECURITY NUMBER 213-07-3987	5. SEX 6. AGE (In		UNDER 1 YEAR IF UNDER NTHS DAYS HOURS	24 HRS. 7. DAT	TE OF BIRTH with, Day, Vear) arch27,	8. B	IRTHPLACE (State or Foreign buntry) Balto.Md.
Dulaney Tows	on Nursing Ce		CITY, TOWN OR LOCATION	ON OF DEATH		9c. COUNTY C	
Dulaney Towson Residence of Decedent 10a. STATE 10b. CO		7.12	own or Location				10d. INSIDE CITY LIMITS?
10. STREET AND NUMBER	Forge Hill		10f. ZIP CODE	014		10g. CITIZEN (1 □ YES 2 NO DE WHAT COUNTRY? A
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 1 YES IF YES, GIVE WAR OR DAT WWII	U.S. ARMED 2 NO ES	13. WAS DECENDENT OF	F NISPANIC ORIG	ilN? (Specify Year o Rican, etc.)		IACE — American Indian, Ilack, Whita, etc.
15. DECEDENT'S (Specify only highest (Specify only highest (Permitter)/Secondary (0-12) 7 17. FATNER'S NAME (First, Middle, Lest	EDUCATION grade completed) College (1-4 or 5+)	life. Do NOT use re	done during most of working	7	Balto	ness/INDUSTR	γ
	George Ropp	elt	16. MOTN		Middle, Maiden So abeth F		er
190. INFORMANT'S NAME (Type/Print) William C. Ro		19b. MAILING AD	press (Street and Number hington R	or Rural Route Nu	mber, City or Town,	State, Zip Code)
20a. METNOD OF DISPOSITION * N Buriel 2 Cremetton 3 1 4 Donetton 5 Dother (Specify)	20b. F	LACE AND DATE OF D	ISPOSITION / Name of	D.	TE 200 LOCA	TION - CITY O	Town State
21. SIGNATURE OF FUNERAL SERVICE	C. Sherman	Denny, Jr	Cath. Ch	SOFFACILITY - Wiede	feld H	w fre	edom, Pa.
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. A CUTE M DUE TO (OR AS A CUTE OF THE PORT OF THE P	ch line.					Approximata Interval Betweer Onset and Deati
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c. STOKE						
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25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE DF DE				
	1 Inpatient 2 ER/Output 26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Nome 5 Res	28d. Di	er (Specify) ESCRIBE NOW INJ	URY OCCURED	
2 Accident Investigati	be building, etc. (Specify	- At home, farm, stree	M 1 YES 2	26f. LO	CATION (Street and y or Town, State)	l Number or Rur	al Route Number,
	HYSICIAN: To the best of my knowled						in(a) and manner as stated
296. SIGNATURE AND TITLE OF CERT		MD		ISE NUMBER		Ped. DATE SIGN	
30. NAME AND ADDRESS OF PERSON	MILTO, MD	7600	Osler Dr.	#213	3 70 W	550n. 1	4d 21204
31. DATE FILED (Month, Day, Year) JUL 2 2 1991	Julia Davidson-Ron	de C					



and the second s

TO BE COMPLETED BY FUNERAL DIRECTOR

BALTIMORE, MARYLAND 21215-0020

REGISTRAR			ICATE OF		REG. NO.	_	
1. DECEDENT'S NAME (First, Middle, Last)	OUADIA	EC MELUTA	CULTET		2. DATE OF DEATH MONTH DA	YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)		IF UNDER 24 HRS.	7 1	8 9	12=10 M
218-10-2097	. /	81 YRS.	MONTHS DAYS	HOURS MIN.	19-15-1909	MA	RYLAND
Da. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
CHURCH HOSPI	TAL		BALTI	MORE CI	ጥላ		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LOCA				10d, INSIDE CITY
MARYLAND BAL	TIMORE			DUNDALK			LIMITS?
0e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
31 LOMBARDI DRIV	E			21	222		u.s.A.
11. MARITAL STATUS Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 \(\subseteq \text{ YE}	S 2 NO	If yes, s	pecity, Cuban, Mexica	NIC ORIGIN? (Specify Yes in, Puerte Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, etc.
Widowed 4 Divorced	IF YES, GIYE WAR OR	DATES	1 🗆 YE	SA NO Specif	y:		Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade			S USUAL OCCUPAT		16b. KIND OF BUS	SINESS/INDUSTI	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ilfe. Do NOT u	retired.)	ost of working	RAITT	MORE C	TTV
GRADE SCHOOL	N/A	0	ILER				117
7. FATHER'S NAME (First, Middle, Lest) MELVIN SWIFT				16. MOTHER'S NA	ANNA REED		
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	and Number or Rural	Route Number, City or Tow	n, State, Zip Code	(e)
RUSSELL L. GIRVI	N	P.O. B	30X 85 M	CCLELLEN	TLLE, SOUT	H CARO	LINA 29458
ton. METHOD OF DISPOSITION		20b. PLACE AND DAT				CATION — City	
Donation 5 Other (Specify)		BETHEL	-				ARYLAND
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE				RAL HOME C		
Scool.	Made	shen	7922	WISE AVEN	IUE DUNDA	LK MD	21222
23. PARTI I. LINGI UIG GIGGGG. CI	complications that care	and the death Do	not enter the m				
shock, or heert failure. MMEDIATE CAUSE (Final disease or condition	List only one cause on	eech iine.		ode of dying, suc	th se cordioc or resp dich by fe	iratory srreat,	Approximate Interval Between
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2 Magistrants SIGNATURE DEVINDON-NAMED

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	YSICIAN: The law requires that the death certificate be executed within 2-, wours after death. Page 6 may be retained by the hospital or attending physician. S. certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit bermit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. S. or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$, wours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

			<u> </u>	EIIIII I	CAIL	OF DEA		RE	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las RITA H	THOMAS						2. DATE OF D MONTH 07	21	199	A .	:52 P
	4. SOCIAL SECURITY NUMBER 215-16-7573	5. SEX 6.	AGE (In yrs. le:		IF UNDER 1 Y	EAR IF UNDE	MIN.	7. DATE OF B (Month, Day 11-24	-1920	P.	IRTHPLACE (SI ountry)	ate or Foreign
OR	98. FACILITY NAME (if not institution, give THE JOHNS HOPK		L			CIMORE		ATH		BALIT	MORE C	ITY
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	NTY			TOWN OR I						LIMI	
	Maryland 100. STREET AND NUMBER 6603 Alta Ave.			I Ba	altimo	101. ZIP CO 2121				g. CITIZEN	OF WHAT COU	S 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 💢 Wildowed 4 Divorced	12, WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X	RMED NO	If y	S DECENDENT	OF HISPAN	iC ORIGIN? (Sp n, Puerlo Rican	pecify Yea or N	No — 14. F	PACE — Ameri Bleck, White, a Specify: White	can Indian, tc.
COMPLETED	15. DECEDENT'S El (Specify only highest gri Elementary/Secondery (0-12) 12 Yrs.	DUCATION ide completed) College (1-4 or 5+)		ECEDENT'S L Give kind of wi b. Do NOT use OMEMA	ork done duri retired.)	JPATION ing most of work	king	16b, KIN	D OF BUSINE	SS/INDUSTI	RY	
ш		lliard	20			M	argar	et We	lzel			
TO B	Jacquelyn Arno	old	11					Balto.				
	20s. METHOD OF DISPOSITION 1 Burial 2 X Cremetion 3 Re 4 Donation 5 Other (Specify)		20b. PLACE	E OF DISPOS		of cemetery, cr			28c. LOCATE	ION — City	or Town, State 21204	
	21. SIGNATURE OF FUNERAL SERVICE	Gladden			22, NA	ME AND ADDR					,Balto.,	.Md. 21
	23. PART A Enter the diseases, of shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	re. List only one cause					f.			,	Int	oproximata tarval Betv
NO	resulting in death) Sequentially list conditions,	ь	R AS A CONS			wor	rhae	5			i 10	3 day
ERTIFICATION	resulting in death)	b	R AS A CONSI	EOUENCE OF):	mor	rhao	5			i 10	1
MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	b DUE TO (O	R AS A CONS	EQUENCE OF	j):	erlying cause	e given in		a. WAS AN AU PERFORME □ YES 2	D?	24b. WERE AL AMALAB COMPLE OF DEAT	UTOPSY FINO LE PINOR TO LE PINOR TO THY
ICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II. Other aignificent condit Hyperterm 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO (O c. DUE TO (O d	R AS A CONSI	EQUENCE OF	n the und	26. PLACE OF	OEATH (Ch	eck only one)	PERFORME VES 2	D?	24b. WERE AL AMALAB COMPLE OF DEAT	UTOPSY FINOLITION OF CAU
PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condit ### PART II. Other aignificent condit ### PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (O d	R AS A CONSI	EQUENCE OF	OTHER:	26. PLACE OF	F OEATH (Ch Residence	eck only one) 8 Other (S)	PERFORME VES 2	(NO	24b. WERE AL AMAILAB COMPLE OF DEAT	UTOPSY FINO LE PINOR TO LE PINOR TO THY
YSICIAN: MEDICAL CE	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condit HAVE TELL 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	b. DUE TO (O c. DUE TO (O d HOSPITAL: 1 hpetient 2 28a. DATE OF IN (Month, Dex.) 28a. PLACE OF building, et	R AS A CONSI	EQUENCE OF tresulting I	OTHER: 4 Nursir	26. PLACE OF SIGNATURE SIG	F OEATH (Ch Residence	8 Other (S) 28d. DE\$CRI	PERFORME YES 2	(NO	24b. WERE AL AMAILAB COMPLE OF DEAT	UTOPSY FINO LE PRIOR TO TITON OF CAUTH?
ETED BY PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions are suiting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the process	b. DUE TO (O c. DUE TO (O d HOSPITAL: 1 hpetient 2 28a. DATE OF IN (Month, Dex.) 28a. PLACE OF building, et	R AS A CONSI R AS A CONSI eath but not ER/Outpatient INJURY Year) INJURY — At I	BOUENCE OF Tresulting I	OTHER: 4 Nursir E OF 2 URY M street, fector	28. PLACE OF THE P	F OEATH (Ch. Rasidenca	8 Other (S) 28d. DE\$CRI 28f. LOCATIC CRy or 8	PERFORME YES 2 V Decity) BE HOW INJU ON (Street and own, State)	URY OCCUR Number or F	24b. WERE AI AMAILAB COMPLE OF DEAT 1 U YE	UTOPSY FINO LE PRIOR TO CAUTHOR T
BE COMPLETED BY PHYSICIAN: MEDICAL CE	PART II. Other aignificent conditions are suiting in death) 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation of the process	DUE TO (O c. DUE TO (O d. HOSPITAL: 11 Impetient 2 Ea. 28a. DATE OF in (Month, Day, on 28a. PLACE OF building, et d HYSICIAN: To the best of m	R AS A CONSI R AS A CONSI eath but not ER/Outpatient INJURY Year) INJURY — At I	BOUENCE OF EQUENCE OF t resulting I 3 DOA 28b. TIM INJ home, ferm, to death occurre	OTHER: 4 Nursire E OF 2 URY M street, factor	26. PLACE OF THE P	F OEATH (Ch. Rasidenca	ack only one) 8 Other (S) 28d. DESCRI 28f. LOCATIC City or R	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State) a) and manned d place, and d	URY OCCUR	24b. WERE AI AMAILAB COMPLE OF DEAT 1 U YE	UTOPSY PINO LE PRIOR TO TITION OF CAL THY ES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CE	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (O c. DUE TO (O d. HOSPITAL: 11 Impetient 2 Ea. 28a. DATE OF in (Month, Day, on 28a. PLACE OF building, et d HYSICIAN: To the best of m	R AS A CONSI R AS A CONSI Beath but not ER/Outpatient IJURY Year) INJURY — At I C. (Specify) In knowledge, mination and/o	BOUENCE OF EQUENCE OF t resulting I 3 DOA 26b. TIM INJ home, ferm, to death occurr or investigation	OTHER: 4 Nursir E OF 2 URY M street, factor	26. PLACE OF THE P	Rasidenca	8 Other (S) 28d. DESCRI 28f. LOCATIC City or it	PERFORME YES 2 Decity) BE HOW INJU ON (Street and own, State) a) and manned d place, and d	URY OCCUR	24b, WERE AL AMALAS COMPLE OF DEAT 1 TYPE	UTOPSY PINO LE PRIOR TO THOM OF CAU HY es 2 No

	1 - STATE REGISTRAR	E OF MARYLAND	/ DEPARTME			IENTAL HYGIEN REG. NO		19810
	1. DECEDENT'S NAME (First, Middle, Lest) ANNE A	GNES	TEW	ES		2. DATE OF DEATH DO TO TO TO TO TO TO TO TO TO TO TO TO TO	AY - 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 215 - 54 - 1362 1 0 M	6. AGE (In yrs.	7 YRS. MONTH		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	1893 E	BIRTHPLACE (State or Foreign Country) ALTIMORE
TOR	9a. FACILITY NAME (If not institution, give street and r STELLA MAI RESIDENCE OF DECEDENT	RIS	T	<u>0WS</u>	ON, M	<u>D</u>	BAL	-TIMORE
DIRECTOR	Maryland 106. COUNTY	34	Balt:	n or locat imore	ION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 6201 Loch Raven Blv	-		101.	21239			OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12. WAS 1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. CES? 1 YES 2 ES, GIVE WAR OR DATES	ARMED NO	if yes, spe				RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completes Elementary/Secondary (0-12) College 5 YY'S	f) 16e.	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire HOUSEWIF	ne during mo d.)	N st of working	16b. KIND OF BU	SINESS/INDUST	FRY
	17. FATHER'S NAME (First, Middle, Lest) John Burke	7			16. MOTHER'S NAM	NE (First, Middle, Malden	sumame) aherty	
TO BE	19a. INFORMANT'S NAME (Type/Print) Rev. Thomas J. Tewes		196. MAILING ADDR	W AVE	nd Number or Aurel A Baltim	oute Number, City or Tow lone, MD 2	m, State, Zip Co 1206	de)
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from 4 Donation 6 Other (Specify)	State of ceme	ACE ANO DATE OF O lary, crematory or oth V Redeem	er placel		1	ocation - chy	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Paul L. Hartso		22. NAME AN	D ADDRESS OF FAC	Baltin	more,MD	
NO	23. PART I. Enter the disease, or complice shock, or heart failure. List pni IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,		Ine. - SC NSEQUENCE OF):	LEI	ROTIC		0~	Interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	The state of the s					
PHYSICIAN: MEDICAL CE	PART II. Other algorificent conditions contri	buting to death but n	ot resulting in the	underlyln	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Che	ock only one)		
VSI		PITAL: patient 2 - ER/Output		ER: Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 Nstural 5 Pending 2 Accident Investigation	a. DATE OF INJURY (Month, Day, Year)	BILL TIME OF BLURY		URY AT PRK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCUP	RED
	3 Suicide 6 Could not be 4 Homicide detarmined	e. PLACE OF INJURY — building, etc. (Concerns)	home, farm, street,	factory, offic	•	281. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To (Check only one) 2 MEDICAL EXAMINER: On the	7 /						ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER				29c/ Lybring High	OF F	29d. DATE 8	IGNED (Month, Day, Year)
임	30. NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF OEATH	(ITEM 27) (Type, Print)		200		u da	, -V 01
	31. DATE FILED (MOOI). 201, 1991	necisinan; signifi	TO DA	C	1300	MLANE	Y VA	LLEY Rd

FOR 1 - STATE REGISTRAR	STATE OF MARYL		T OF HEALTH AND	MENTAL HYGIEI REG. NO	1	19811
1. DECEDENT'S NAME (First, Middle, L		artagli	one	2. DATE OF DEATH	's g	EAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2\8-368-\2 9s. FACILITY NAME (If not institution, g	1 DXM 2 🗆 F	S8 YRS. MONTHS		7. DATE OF BIRTH (Month, Dey, Year)		BIRTHPLACE (State or Foreign Country) Italy
Good Samaritar	Hospital		Baltimore	EATH	City	
10s. STATE 10b. CO		10c. CITY, TOWN				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		Darci	10f. ZIP CODE			N OF WHAT COUNTRY?
5011 Anntana 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES	2 🖺 NO	1 21206 I. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Specify No Sp	an, Puerto Rican, atc.)	U S	. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		life. Do NOT use retired	e during most of working	16b. KIND OF B		тпу
12 17. FATHER'S NAME (First, Middle, Les	,	Tailor	16. MOTHER'S N	Jo sept	A. Ba	nks
Pasquale Tart	aglione	196. MAILING ADDRE	Cristi	na Zitelli Route Number, City or R		ode)
Mrs Berta T	20	b. PLACE AND DATE OF OIS	ntana Avenue	/ O TOATE 20c. L	OCATION CIT	y or Town, State
1. Buriel 2 Cremetion 3 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	N N	Most Holy Re	deemer Cemet	eny Bal		al Home, Inc.
shock)-or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events resulting in death) LAST	b. Due to (or as oue to or as out or as out		Sepri	-		Interval Betwee
PART II. Other significant cond		but not resulting in the	underlying cause given i		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:	ОТН	26. PLACE OF DEATH (C	Check only one)		
1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	1 Supported 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	6 Other (Specify) 28d. DESCRIBE HOV	V INJURY OCCU	RED
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e. PLACE OF INJUR building, etc. (Spi	IY — At home, farm, street, for early)	1 YES 2 NO	261. LOCATION (Stree City or Yown, Sta	et and Number or te)	Rural Route Number,
Constant of the constant of th	PHYSICIAN: To the best of my know					
296. RIGHATURE AND TOLE OF CEL	210	FriM Su	-CL WS29c. LICENSE N	UMBER	29d. DATE :	SIGNED (Month, Day, Year)
So. your will above a of Person	N WHO COMPLETED CAUSE OF D		ams	G-9	110	
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	1001 40	chia Savidson-Rar	delle		

FOR STATE REGISTRAR

1 -

	1. DECEDEM A NAME (First, M	Aiddie, Lasi)	LAWRENC	E GEORG	E WHE	TZEL,	SR			2. DATE OF DE	ATN DAY	YEAR	3. TIME OF DESTRI
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. le:	- "	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIF	RTN Years	8. BIRTI	NPLACE (State or Foreign
	234-42-990		1 M 2 F	63	YRS.					1-13-1		A. C.	T VIRGINIA
~	9 ÇILITY NAME (II not inchi	-		, -		9b. CITY, 1	-m	OWS (EATN	9c. CO	INTY OF A	-
5	ST. JOSEPH		TIAL		1		- '	UWSU	/IN	·		BAL	TIMORE
DIRECTOR		10b. COUNT			10c. CITY	TOWN OF	LOCATI						10d. INSIDE CITY LIMITS?
	MARYLAND	BA	LTIMORE						INDAL	LK			1 TES 2 NO
LONERAL	100. STREET AND NUMBER 8600 SANDY	DIAT	INC DOAD				10f.	ZIP COD	212	200	10g. CI		S.A.
	11. MARITAL STATUS	r LAI	12. WAS DECEDEN	T EVER IN U.S., AI	BMED	13. W	AS DECE	ENDENT (L L L NIC ORIGIN? (Spe	city Yea or No-		
5	1 Never Married 2 M 3 Widowed 4 Divorce	larried ed	FORCES? 1 IF YES, GIVE W	YES 2	No	lf lf	yes, spe		n, Maxica	n, Puerto Rican,		Spec	E — American Indian, ik, Whita, stc. offy: WHITE
3	15. DECED (Specify only in	DENT'S EDU		16a, Di	ECEDENT'S I Silve kind of w	JSUAL OC	CUPATIO	N Il of worki	ing	18b. KIND	OF BUSINESS/IN	DUSTRY	
-	Elementary/Secondary (0-1)	2)	College (1-4 or 8 +)	INTEN	-		H A N1	C		BAY CHE	MICAL	CORP
	17. FATHER'S NAME (First, Midd LESTER SEL	VESTE	R WHETZE					BL	ANCH	IE LELA			
2	19a. INFORMANT'S NAME (Typ ANNA I. WH										y or Town. State, Z IMORE, 1		LAND 21222
	20a. METNOD OF DISPOSITIO 1 Burial 2 Cremation 4 Donation 8 Other (S	N 3 🗆 Rem Specify)	noval from State		TANTS				RY 7-	OATE -18-91	BALTIMO	ORE,	own, State MARYLAND
1000	21. SIGNATURE DE FUNERAL	SERVICE LI	SENSEE CO	na	-						DME OF 1		ALK INC. 21222
CERTIFICATION	Sequentially list condition if any, leeding to immediceuse. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	lete IG y	c. Of	(OR AS A CONSE	OCC)	AZ	-	5	ic	FCTE	101 /		1 919
MEDICAL CEN	PART II. Other algolifican	-	d	death but not	resulting i	n the und	leriying	ceuse	given in	10	WAS AN AUTOPSY PERFORMED? YES 2 W	24	b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 FRO
		/										\perp	
2	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF I	DEATH (C	neck only one)			
FILISICIAN.	1 VES 2 MO 27. MANNER OF FEATN 1 Matural 8 P	ending	1 Minpatient 2 D	INJURY	28b. TIM		28c. INJ	URY AT	lesidence	8 Other (Spe 28d, DESCRIBI	city) E HOW INJURY O	CCURED	
בח פו	3 Suicide 6 C	could not be etermined	28e. PLACE O	F INJURY — At h	ome, farm, e	treet, facto	_	`		281. LOCATION City or Tow	I (Street and Numb rn, State)	er or Rural	Route Number,
COMPLETED	and and		SICIAN: To the best of ER: On the basis of a										(a) and manner as stated.
וס סב כו	29b. SIGNATURE AND TITLE O	OF CERTIFIE	R		not	/	7	29c. LIC	ENSE NU	MBER	29d. D/	TE SIGNE	
- 1	30, NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAN	SE OF DEATH OF	EN 27) Com	Pripe		>/) [999	T	7-6	(Month, Day, Year)
	30. NAME AND ADDRESS OF	PERSON WI	DWAL	0 6	60	Ka	51	11/) (,	1021	14 6	7-6	(Morth, Day, Year)
	30. NAME AND ADDRESS OF H. S.C.F.	PERSON WI	DWAL	SE OF DEATH (IT) AR'S SIGNATURE 10101	60	Print) Co	51	II I	Lu	1021	14 6 14	7-6	COUL 2120

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE | CERTIFICATE OF DEATH REG. NO.

19812

DHMN-15 Rev 1/89

rmit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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quire	in sign	DWS
law re	as bee	23 sl
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ICIAN	the S	10
HOSPITAL OR ATTERBANG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation or removal.	TANT. It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DING	After	S ma
ALL IN	after after	28
. OR /	DIRE	Item
PITAL	ERAL in 72	11.11
HOS	FUN	TAN

19813 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR LEXAND 11 101 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 9195 135 M 2 | F DAYS HOURS JAn. 2 OGFI 9a. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH FRANCIS SC DIRECTOR imars 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1ARY LAND 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No if yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 25 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1. YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Marri IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) 12 YRS 1,+1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle BE 19a. INFORMANT'S NAME (Type/Print), 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 METHOD OF DISPOSITION 7-20 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION -- City or Town, State 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS CHAPS 0 8800 HARFORD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such sa cerdiac or reepiratory arrest, ehock, or heart failure. List only one cause on-each line. Approximeta Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** diseese or condition resulting in death) imil CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. MEDICAL 244. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 25 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL OTHER: 1 YES 2 NO 1 Impatient 25 ER/Outpatient 3 I DOA ne 5 € Rasidence 8 □ Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT 26d. OESCRIBE HOW INJURY OCCUREO 1 Matural BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death 29b. SIGNATURE AND TITLE OF BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1498

DHMH-16 Rev 1/89

TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h IMPORTANT: II

2

OF PERSO

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31. DATE FILED (Month, Day, Year)

COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Jolie Devidson Randesse the

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signed by t Health and

certificate has been of the State Dept. of

THE FUNERAL DIRECTOR: After this of filed within 72 hours after death with

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23 Item 2

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Item

IMPORTANT: 18

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OCOUTAL OD ATTENDING DAVELCIAN- TH
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH JULY 19, 1991 YEAR DAVID GUY WHITTEN 12:20a. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign 09/27/08 1 M 2 F DAYS HOURS 577-03-1065 82 YRS. MICHI GAN 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR GREATER BALTIMORE MEDICAL CENTER TOWSON, BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY IOC. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? BALTIMORE TOWSON 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7206 LANARK ROAD 21212 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X XNO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. Specify: White If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 22 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INOUSTRY (Spec (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) College 2yrs Insurance Manager Insurance Co. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Guy E. Whitten Laura Thompson notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Miriam P. Whitten 7206 Lanark Rd. Baltimore, Md. 21212 pe 20a. METHOD OF DISPOSITION
1

↑ Burial 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of must Dulaney Valley Mem. Gar. Donation 5 Other (Specify) 7-22 Lutherville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Mitchell-Wiedefeld Robert Michael ray Kratz 6500 York Rd. 21212 medical 23. PART I. Enter the diseases, or complications that ceuse the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximata intarvai Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition LUNG CANCER reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. OUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST shows any Injury, PART II. Other aignificent conditione contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the films, data and placa, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Dev. Year) Elisabell wess, My 3581 7 9 0 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Julia Davidson-Randell 31. DATE FILED (Month, Day, Year) JUL 2 2 1991

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	1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTI CERTIFIC	MENT OF HE	ALTH AND M	ENTAL HYGIENE REG. NO.	911	9815
	1. DECEDENT'S NAME (First, Middle, Les REGINAL K) WIE	LOYSIUS WI	GLESWOR	H	2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 213-01-0115 9a. FACILITY NAME (If not institution, give	1 € M 2 □ F	79 YRS.		HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 05/16/12	Cou	TNPLACE (State or Forei rity) Tyland
CTOR	GREATER BALTIMOR			TOWSON	LOCATION OF DEAT	TN .	BALTI	
DIRE	MARYLAND BA	LTIMORE		LTIMORE	N			10d. INSIDE CITY LIMITS? 1 YES 2 V N
FUNERAL	7200 OXFORD ROAD)			21212		10g. CITIZEN OF	WHAT COUNTRY? USA
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1X YES	2 NO	13, WAS DECEI It yes, spec 1 YES 2	Ify Cuben, Mexican,	ORIGIN? (Specify Yea of Puarto Rican, etc.)	Ola	CE — American Indian lock, White, atc. icely: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5 +) 4+	16a. DECEDENT'S US (Give kind of wor life. Do NOT use n Lawyer/	k done during most etired.)	of working	Dry Cl		WILLE
BE CO	17. FATHER'S NAME (First, Middle, Lest) Reginald Wigl	esworth			Alice K	(First, Middle, Meiden Stane Phipp:	umame) S	
70	19a. INFORMANT'S NAME (Type/Print) Robert W. Wigles	worth	196. MAILING AC	egheny A	Number or Rural Rouve Suite	te Number, City or Town, 2401 Town.	State, Zip Code)	ryland2120
AL CERTIFICATION	23. PART I. Enter the dieeesea, or	a. DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE OF):	PROS	of dying, such e	CAWC	utory arrest,	Approximatinterval Bet Onset and I
IAN: MEDICA						PERFORM 1 YES 2	ED?	AVAILABLE PRIOR TO COMPLETION OF CAUSOF OEATH?
SIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2	HOSPITAL:	entlant 3 DOA 4	THER:	5 Residence &			
PHY	27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIME O	F 28c. INJUR	Y AT 28	d. OESCRIBE HOW INJ	URY OCCURED	
ву РНУ	1 Natural 5 Pending Investigation	(Month, Day, Year)		M 1 YES	2 🗌 NO			
TED BY P	1 Natural 5 Pending	(Month, Day, Year) 28a. PLACE OF INJURY building, atc. (Spec	- At home, farm, street	M 1 YES	2 🗌 NO	St. LOCATION (Street and City or Town, State)	1 Number or Rural	Route Number,
D BY P	1 Natural 5 Pending Investigation 3 Suicide 4 Nomicide 8 Could not be detarmined 29s. CERTIFIER (Check only 1 CERTIFYING PNYS)	28s. PLACE OF INJURY	— At home, farm, streetily)	M 1 YEs	2 NO 20	City or Town, State) the cause(s) and manne	er as stated.	



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BALTIMORE, MARYLAND 21215-0020	mental and the requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	The state of the state of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should
TWOF VITAL RECORDS, P.O. BOX 68760, T	The HOME The law requires that the death certificate be executed within 24	The attention has been signed by the attending physician and completely fi

TO THE HOSPITAL OR ATTAINED THE TAN REQUIRES that the death certificate be executed within 24 hours after death. Page 6 may be retained by the described by the attending physician and completely filled in by the funeral director, page 5 should be detached by the strending physician and completely filled in by the funeral director, page 5 should be detached by the strending physician and completely filled in by the funeral director, page 5 should be detached by the strending by the strending the funeral director, page 5 should be detached by the strending the strending page 1.0 miles and the strending page 1.0 miles and page 1.0 miles are strending to the strending page 1.0 miles and page 1.0 miles are strending page 1.0 miles page

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI ERTIF	ICATI	T OF H	HEALTH DEA	AND I	MENTA	HYGIEN REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) Wilma	Wyni	2						2. DATE	OF GEATH) ^y	YEAR 9 /	3. TIME OF DEATH P
	4. SOCIAL SECURITY NUMBER 203 50 5643	5, SEX	6. AGE (In yrs. la 72	st birthday) YRS.	IF UNDER	DAYS	HOURS	MIN.	(Mont	of BIRTH	919	Country	PLACE (State or Foreign
FOR	9a. FACILITY NAME (If not institution, give s 13 AWkard Lane RESIDENCE OF DECEDENT	treet and number)					Sp				1	nty of De	mery
DIRECTOR	10a. STATE 10b. COUNTY	gomery		Si	y, town of lvei	r Sr	orin	g					10d. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 13 Awkard Lane	47 HAI	L DRIVE	Liu	ILIE		1. ZIP COD		151	1. 5	10g. CITI		1 YES 2 XNO
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AF	RMED NO		If yes, sp	ENDENT (F HISPAN	NIC ORIGIN	I? (Specify Yes Rican, etc.)		14. RACE Black	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1 2	CATION completed) College (1-4 or 5	+)	RECEDENT'S Rive kind of Do NOT u	work done se retired.)	CCUPATION MO	ON ost of worldi	ng		wn Ho			
BE	17. FATHER'S NAME (First, Middle, Last) Curtis J. Bonne 190. INFORMANT'S NAME (Type/Print)	e y					A	gne	s M.	Aiddle, Maiden Link			
5	Carolyn Klawitt	er		same	as	#10	ab			ber, City or Town			
			cometery, cre	metory or o	ther plece) 1 C €	emet			/22/	91 Wil	kin:	City or Tow	wnship
	DrueMai	ular.	ker	_	Ar	clir	ato	n, N	VA	neral 22201			
	23. PART I. Enter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only ona cau	ise on each line	.						liac or respi	ratory arr	est,	Approximate Interval Between Onset and Death
CERTIFICATION													
CERT	resulting in death) LAST	1											-
PHYSICIAN: MEDICAL	PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO											WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 WHO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Num	₹:	ACE OF O				Has	oice	Patient
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, D	INJURY	28b. TIM		28c. INJ	URY AT			CRIBE HOW IN	-		T-4-16/7
	3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE O building,	F INJURY — At he etc. (Specify)	me, term, s	treet, fact	ory, office			28f. LOCA City o	ATION (Street as or Town, State)	nd Number	or Rural Ro	oute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER												and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	10					29c. LICE	NSE NUM	93	4	29d. DATE	10	Month, Day, Year)
	5. Trifoglio, MD 7500 Greenwas Center D #436 Greenbelt MD 20770												
	JUI 2 2 1991		m's signature Widson-Ra	ndell									

Howars	HOWARU EUWA	KU YAKEL		2. DATE OF DEATH MONTH		S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-03-1721	5. SEX 6. AGE (fn	yrs. last birthday) IF L	UNDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	20 8.	BIRTHPLACE (State or Foreign Country)
90. FACILITY NAME (If not institution, give to 51 JOSEPH HO. RESIDENCE OF DECEDENT	spital	9b.	10050N	EATH	9c. COUNTY	OF DEATH TIMORE
J	imore	10c. CITY, TO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
7 Skidmore Court			101. ZIP CODE 21204		U	N OF WHAT COUNTRY?
11, MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN IT FORCES? 1 1 YES IF YES, GIVE WAR OR DAT	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	e or No— 14	Black, White, etc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Iffe. Do NOT use reti	done during most of working	16b. KIND OF BU	Bank	TRY
17. FATHER'S NAME (First, Middle, Last) John Stanley Yake 190. INFORMANT'S NAME (Type/Print)	<u>:</u> 1		Ka	AME (First, Middle, Meider thleen in.	Spence	
Kathleen Y. Harne	r		hess (Street and Number of Aura Horidge Rd.	Luthervill	e, Mar	yland 21093
20s. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remo		PLACE AND DATE OF OF METATY, CREMITED TO THE PLACE OF THE	oisposition (Name therplace) Caral Cemetery			re, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AND ADDRESS OF F Mitchell-W 6500 York	iedefeld H	ome, li	nc.
23. PART I. Enter tha diseases, or c ahock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition	List only one cause on each	the deeth. Do not a ch line.	` .	ch sa cerdlec or resp	iratory erres	Interval Betwe
resulting in death)	a	CONSEQUENCE OF):	MIT			
	DUE TO (OR AS A (MIN			
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A (CONSEQUENCE OF): CONSEQUENCE OF):			RMED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A (DUE TO (OR AS A (DUE TO (OR AS A (d	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in the	ne underlying cause given in 28. PLACE OF DEATH (C	YES Check only one)	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (OR AS A (DUE TO (DUE TO (OR AS A (DUE TO (DUE	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in the consequence of the consequence	28. PLACE OF DEATH (CITHER): Nursing Home 6 Residence	YES Check only one)	RMED? 2 NO	24b. WERE AUTOPSY FINDING AMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR AS A (DUE TO (DUE TO (OR AS A (DUE TO (DUE	CONSEQUENCE OF): CONSEQUENCE OF): t not resulting in the consequence of the consequence	28. PLACE OF DEATH (CITHER: Nursing Home 6 Residence: 26. INJURY AT WORK? 1 YES 2 NO	PERFO 1 YES Check only one) 6 □ Other (Specify)	RMED? 2 NO INJURY OCCUI	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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BALTIMORE, MARMAND 21215-0020	quires that the death certificate be executed within 24 nours after death. Page 6 may be returned by the inspiral or attending physician. A signed by the attending physician and completely filled in by the funeral director, page 5 month to complete the burial-transit permit. Pages 1, 2, 3 should be the page 1, 2, 3 should be the page 1, 2, 3 should be the page 1, 2, 3 should be the page 1, 3, 3 should be the page 1, 3, 3 should be the page 1, 3, 3 should be the page 1, 3, 3, 3 should be the page 1, 3, 3, 3 should be the page 1, 3, 3, 3 should be the page 1, 3, 3, 3 should be the page 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	notified at once.
BALTIMORE,	nours after death. Page 6 may be led in by the funeral director, page	medical examiner must be
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be required by the mispital or attending physician and completely filled by the funeral director, page 5 mount to receive for use as the burist-transfer of the within 70 hours after death with the Charle hand Mandri Handan price to bring the price of the funeral director, page 5 mount to receive for use as the burist-transfer.	De mod main 12 noois are dealt with the Sale dept. Or result and menta trygene profit to build, the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		IARYLAND / DEPA CERTIF	RTMENT FICATE	OF H	EALTH A	ND M	IENTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, L Marshall	Glenn	A1	brigh	t.			2. DATE OF DEATH DATE OF DATE OF DATE OF DATE OF DEATH DATE OF D	-	YEAR 991	3. TIME OF DEATH 2:00 P	
	4. SOCIAL SECURITY NUMBER 219-14-5394 A	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1		IF UNDER 24 HOURS	HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	HPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, ((ive street and number)	68 YHS.	9b. CITY,	TOWN O	R LOCATION	OF DEA	7-7-23 ITH	9c. COU	MAR NTY OF E	YLAND	
- CHIECTOR	Patapsco River	at Balto/A	A Co. Line	Balt	imo	ce Hic	qh].a	nds	Bal:	timo	re County	
	10e. STATE 10b. CO		10c. Cl	TY, TOWN OF	LOCATI	ON					10d. INSIDE CITY LIMITS?	
	MARYLAND AN 100. STREET AND NUMBER	NE ARUNDEL	FER	NDALE	-	ZIP CODE			100 CIT	IZEN OF	1 YES 2 NO	
	14 BIRCH AVENU					21061			U.S		WINE COOKING	
THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON A	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI		18	yes, spe	NDENT OF I	Maxican,	C ORIGIN? (Specify Yee Puerto Rican, etc.)	or No—	Spec	E — American Indian, k, White, etc. ily: WHITE	
	15. DECEDENT'S (Specify only highest of	EDUCATION prede completed)	16a. DECEDENT'S	Work done du	CUPATION Iring mos	N t of working		16b. KIND OF BUS	BINESS/IND		MULIE	
	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	TEACH					A.A. CO	UNTY	BD.	OF EDUCAT	
	17. FATNER'S NAME (First, Middle, Last)						E (First, Middle, Maiden	Surname)			
	JAMES ALBRIGHT 198. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street en			ATKIN ute Number, City or Town	State Zir	Code		
	MARGARET S. ALI	BRIGHT		AS IT					, 0,010, 24	, 0000,		
	20a. METHOD OF DISPOSITION 1 X Surial 2 Cremation 3 1 4 Denation 8 Other (Specify)	Ramoval from State	20b. PLACE AND DATE	ther placel			IPDX2					
	20b. PLACE AND DATE OF DISPOSITION DATE 20c. LOCATION - City or Town, State Cemeter, crematory or other place) MARYLAND VETERANS CEMETERY 7-25 CROWNSVILLE, MD CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWNSVILLE, CROWN											
	IMMEDIATE/CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Onset and Death Onset and Death											
	PART II. Other significant condi	tions contributing to c	death but not resulting	in the und	erlying	cause give	en in Pr	24a. WAS AN PERFORI	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1MES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	HOSPITAL:		OTHER:		CE OF DEAT						
	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II	(Year) FO	E OF 2	8c. INJUI WOR	RY AT	2	ed. DESCRIBE NOW IN		CURED		
-	3 Suicide 8 Could not determined	be 28s. PLACE OF	INJURY — At home, ferm, stc. (Specify)	eCODI street, factor	y, offica			Subject St. Location (Street ar City or Town, State) alto. AA			River at Annapolis	
	2 MEDICAL EXAM	IINER: On the beals of axa	ny knowledge, death occurr minetion and/or investigation	ed at the time	e, deta a nion, dea	nd place, and	d due to	the cause(a) and mann	ner an state	ed.		
	296 SHATURE AND TITLE OF CERTIFICATION OF PERSON	uhul	OF DEATH (ITEM 27) (7-	Print		29c. LICENSI	E NUMBI		29d, DATE		(Month, Day, Year)	
		Korell, MD 32. REGISTRAR June Davidson	11		n St	reet,	Ba	ltimore Ma	aryla	and 2	21201	

The Whom Level -

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDING PHYSICIAN: The law requires that the death certificate be

permit. Pages 1, 2, 3 should use as the burial-transit once. Ħ funeral director, page 5 should notified pe must examiner medical ŏ the cremation event, n and con to burial, traumatic the attending physician Mental Hygiene prior to other 20 Injury. been signed by to any shows has be Dept. certificate h the State this ce with th marked, After 00 DIRECTOR: / 28 If Item FUNERAL C

IMPORTANT:

38. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

S.

1991

Fredric

JUL

Sirkis

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

wia Davidson As

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2 2 3

19819 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR Margaret Albrecht July 22, 1991 K. 1:00 P.M 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HMS. 7. DATE OF BIRTH (Month, Day, Yea 6. BIRTHPLACE (State or Foreign 219-20-9726-A 1 M 2 TF DAYS HOURS 100 YRS. Apr. 6,1891 Maryland Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH DIRECTOR Meridian Cromwell Baltimore Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Baltimore **Baltimore** 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1540 Cottage Lane 21204 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION lecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INDUSTRY ast of warking Elementery/Secondery (0-12) College (1-4 or 5+) 8 years Housewife at home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Adolph Wagner Margaret Boehnlein BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Helen M. Lorenz 1540 Cottage Lane Balto., MD 21204 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State v. crematory or other place) V Redeemer Cemetery 4 Dongton 5 D Other (Specify) 7/26 Baltimore, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home Toll n Balto., MD 21204 8521 Loch Raven Blvd. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or haart failure. List only one cause on each line interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition 1 1) resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, it any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF) cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED DO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 □ Inpatient 2 □ ER/Outpetient 3 □ DOA OTHER: 1 YES 2 THO 8 Other (Specify) 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Matural 5 Pending BY 1 YES 2 Accident 26e. PLACE OF INJURY — building, atc. (Specify) 3 Suicide At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as atsted. 2 MEDICAL EXAMINER: On the June y exemination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) end menner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 226 C 2

7151 Holabird Ave. Baltimore, MD

21222

the state of the state of the

3. TIME OF DEATH 9:00 A

INDIANA

10d. INSIDE CITY LIMITS?

1 X YES 2 NO

WHITE

Approximate interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS MALLABLE PRIOR TO COMPLETION OF CAUSE

OF DEATH? 1 | YES 2 | NO

and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 1855 4

8. BIRTHPLACE (State or Foreign

2. DATE OF DEATH DAY

7. DATE OF BIRTH (Month, Day, Year) MARCH 23

JULY 20 1991

1902

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indien, Black, White, atc.

BALTIMORE CITY ZOO

Pages 1, 2, 3 should

DIRECTOR

10a, STATE

FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

217-05-3424

10e. STREET AND NUMBER

CARL N.

Se. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

5186 WRIGHT AVENUE

ALBERT.

1 😡 M 2 🗌 F

5. SEX

1 -

AL DECORDS	COCOLO II
Comment of	
VICTORIA	200
č	5

ER	5186 WRIGHT AVI	ENUE		21205			U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FDRCES? 1 X YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuban, Me 1 YES 2 NO Sp	xicen, Puerto Rica		RACE — American Black, White, atc. Specify:		
LETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	Me. Do NOT use ret	done during most of working ired.)	18b. KJ	ND OF BUSINESS/INDUS	IORE CITY		
COMPLET	N/A 17. FATHER'S NAME (First, Middle, Last) PETER AI	N/A LBERT	SUPPLY	16. MOTHER'S	NAME (First, Middle NONNAS	die, Melden Surneme)	OKE CITI		
TO BE	190. INFORMANT'S NAME (Type/Print) KATHERINE M. ALBI	ERT (WIFE)	THE PERSON NAMED IN	ORESS (Street and Number of Re 6 WRIGHT AVE)					
	20e. METHOD OF DISPOSITION 1	oval from State	. PLACE OF DISPOSITIO	VALLEY MEM. C	or	BALTIMOF	y or Town, State		
	21. BIOMATURE OF FUNERAL SERVICE LIK	Long		SCHIMUNEK I	FUNERAL				
	23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	Preme	ach ilne.	enter the mode of dying,	such as cerdia	c or reepiratory arres	t, Appr Inter Onse		
ERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):						
0	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PERFORMED? 1 YES 2 NO								
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH	. PLACE OF DEATH (Check only one)					
PHYSICIAN:	1 YES 2 NO 27. MANNER OF OEATH Natural 5 Pending	1 Inpetient 2 ER/Out		Nursing Home 5 Reside	28d. DESCI	8 Other (Specify) 28d. DESCRIBE HOW INJURY OCCUREO			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	ION (Street and Number of Town, State)	r Rural Route Numbe						
COMPLET	(Crieck orly)			t the time, date and place, and n my opinion, death occured a					

32. REGISTRAR'S SIGNATURE a Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

BALTIMORE

DAYS

IF UNDER 24 HRS.

MIN.

HOURS

9b. CITY, TOWN OR LOCATION OF GEATH

101. ZIP CODE

BALTIMORE

6. AGE (In yrs. last birthday)

89

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ISCOME. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Confident has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Same Death of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITUL OR WITHER OF PASICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost THE FUNCIAL INFECTION year the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the within 72 hour time seath with the part of the page 1. The part of the page 1. The page 1

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1. DECEDENT'S NAME (First, Middle	le, Last)							2.	DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
ROBERT	- 1	. A	DAM	S					* disease			11:00 PM
4. SOCIAL SECURITY NUMBER	5.	SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER 1 1	$\overline{}$	IF UNDER 24		DATE OF BIRTH (Month, Day, Year)		a. BIRTHPL Country)	ACE (State or Foreign
213-38-8919	9 1)	M2 DF	49	YRS.	MONTHS 1	AYS	HOURS	MIN.	8/30/	41	~	1D
9a. FACILITY NAME (If not institution	on, give atreet	and number)			9b. CITY, T	O NWC	R LOCATION	OF DEATH		Sc. COUN	TY OF DEA	гн
TT JOSEPH	h A	osp:TI	36		Tow.	50:	n	MD		BA	1/tin	10/2
	COUNTY			10c. CITY	, TOWN OR	LOCAT	ION				10	d. INSIDE CITY
Maryland Ba	altir	nore		Fr	eela	nd					1	LIMITS?
10e. STREET AND NUMBER						101.	ZIP CODE			10g. CITI	ZEN OF WH	AT COUNTRY?
2232 Bulls	Sawm:	ill Rd	•			1	2105	3		U.	S.A.	
11. MARITAL STATUS	12	. WAS DECEDEN	TEVER IN U.S.A	RMED	13, WA	S DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Y	ea or No—	14. RACE -	- American Indian, Vhita, etc.
1 Never Married 2 Marrie 3 Wildowed 4 Divorced	ed	IF YES, GIVE W	YES 2 X	NO	10	YES	2 A NO	Specify:	uerto Rican, etc.)			ite
15. DECEDEN (Specify only highe			16a. D	ECEDENT'S Give kind of w	USUAL OCC	UPATIO	N at at working		16b. KIND OF B	USINESS/IND	USTRY	-
Elementary/Secondary (0-12)	1	College (1-4 or 5 +) ///	e Do NOT us	e retired.)	mg mo	,		Fiber	Pack	agin	g Corp.
17. FATHER'S NAME (First, Middle,	Last)						18. MOTHE	R'S NAME	(First, Middle, Maide	n Sumame)		
Julius Ada	ms						В	eula	h Troy	er		
190. INFORMANT'S NAME (Typo/Pr Elizabeth I		lams		96. MAILINO 2232					d., Free			21053
20e METHOD OF DISPOSITION 1 D Burlai 2 Cremation 3	☐ Ramoval	I from Stata		E AND DATE by, crematory LETS	OF DISPOS	ITION			DATE 20c.	OCATION —	Cify or Town	, Stata
4 Donetion 8 Other (Spec	**		Stabl	ers (-				arkto	on, M	1D
21. SIONATURE OF FUNERAL SER	TVICE LICENS	-Ba	ren		J.	J.	Hart	enst	ein Mo	rtua	ry,]	Inc. , PA 17349
23. PART I. Enter the disess	es, or con	nplicetions tha	t coused the c	leeth. Do r		_						Approximate
shock, or heart												interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition		Ago	MI LIM	14								1
resulting in death)	a	DUE TO	IOR AS A COMS	EQUENCE OF	F)· <	+ +	004 00	e + W	nocardial	T. (0)		one hour
		1 00	2014	2 1	Ac		TY	1	TO CI	suga	Willow-	5 days
Sequentially list conditions,		DUE TO	(OR AS A CONS	EOUENCE O	F):	10	-1	120	CHAC			0
if any, leading to immediata cause. Enter UNDERLYING		Colo	many a	nterm	ARS	ens	R					nears
CAUSE (Disesse or Injury that initieted events	1 "		(OR AS A CONS		F):							9
resulting in death) LAST			V									
	-											
PART II. Other algnificent co	onditiona o	contributing to	death but not	resulting	in the und	erlyin	g ceuse g	iven in Pa	rt I. 24a. WAS	ORMED?	1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
NONE									_ 1 ☐ YES	2 NO		COMPLETION OF CAUSE OF DEATH?
									_		1	☐ YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?		IOSPITAL:			OTHER		ACE OF DE	ATN (Check	only one)			
1 TYES 2 NO		Europatient 2	☐ ER/Outpetient	3 🗆 DOA			o 5 🗆 Rad	sidence 8	Other (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pend		28a. DATE OF (Month, I		28b. TIM	E OF SURRY	WC	URY AT ORK? YES 2		ad. DESCRIBE NO	W INJURY OC	CURED	
2 Accident	itigation	28e. PLACE C	F INJURY — At	home, farm,	street, facto				81. LOCATION (Stre	et and Numbe	r or Rural Ro	ute Number,
	mined	building	etc. (Specify)						City or Town, St.	nto)		
29a. CERTIFIER	NO BUYELOU	M. Ye the head o		4 - 44	- 4 -4 45 - 41-		and alone		45			
construction of the constr		_							the cause(s) and one, data and place,			and manner as stated.
200 SIGNATURE AND TITLE OF	CENTIFIER	lama	/. ~				29c. LICE	NSE NUMB	ER Y	29d. DAT	21.	Month, Day, Year)
30. NAME AND ADDRESS OF PER	RSON WHO	COMPLETED CAU	SE OF DEATH (IT	TEM 27) (Type	, Print)	1	TOJEP	U. L	losp.	Tota	1/19	mx
MI CHAEL 31. DATE FILED (Month, Day, Year)	(0_	KICH	ARDS O	N	_ 7	1 -	10751	-1 1	cv3/ •	, 000	/	1,772
JUL 23 199			son-Rand									186

. H. V. Tarlina

FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, BABY John		TChell	BUTL	ER 🛌	Letche	R	2. DATE MONTE	of DEATH H 09	1991	YEAR	9:45 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	Mr.	F UNDER 1 YE	EAR IF UNDE	R 24 HRS.	7. DATE	OF BIFTTH			ACE (State or Foreign
	9e. FACILITY NAME (If not institution,	1 M 2 F		YRS.	h CITY TO	WN OR LOCAT	ION OF DE	0 EATH	7 09	9 91	MD V OF DEAT	
E C	THE JOHNS HO		TAI.			TMORE		2411			TMOR	
DIRECTOR	RESIDENCE OF DECEDEN 10e. STATE 10b. CO				TOWH OR L							d. INSIDE CITY
2	MD B.	ALTIMORE		BAI	LTIMO	RE, MA	RYLA	ND			1	LIMITS?
A P	10e. STREET AND NUMBER					101. ZIP CO	145			10g. CITIZE	N OF WHA	T COUNTRY?
FUNERAL	7433 INWOOD .	AVENUE 12. WAS DECEDEN	T EVER IN U.S. AF	RMFD	13 WMS	2 DECENDENT	1218	VIC OBIGIN	17 (Specify Ve	US		American Indian,
2	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO	If ye	s, specify Cub	en, Mexica	n, Puerto	Rican, etc.)		Black, W	LACK
	15. DECEDENT'S (Specify only highest	grade completed)	(G	ECEDENT'S US	rk done duris	PATION ng most of work	ting	16b. KIND OF BUSINESS/INDUSTRY			STRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5 +	-)	life. Do NOT use retired.)								
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last JAMES F.						THER'S NA		Middle, Maidei	n Sumame)		
2	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Num.											2000
	MARSHA BUTLE	R	20h 01 ACE			OD AVE	NUE-1	BALT		MARYI OCATION - CH		
	1 Buriel 2 Cremetion 3 4 Donation 54 Other (Specify)		of cemetary	, crematory or	other place		ТАТ.			TIMORE		
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	1 0011	110 1101		ME AND ADDR			7 II DAL		TIA.	KILAWD
	JOHNS HOP	KINS HOSPIT	AL			600 N.	WOLI	FE ST	CREET			
NO	Sequentielly list conditions,	L	horioa	mnir	net	dun'						2 hou
RTIFICATION	Sequentielly list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE OF):		い `						2hou
	If any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	(OR AS A CONSE	QUENCE OF):				Part I.		N AUTOPSY PRMED?	A	MILABLE PRIOR TO
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	QUENCE OF):				Part I.	PERFO		AA CC	2 hours
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO d	(OR AS A CONSE	QUENCE OF):	the Unde		given in		PERFO	ORMED?	AA CC	MILABLE PRIOR TO OMPLETION OF CAL
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con-	DUE TO d. ditions contributing to	(OR AS A CONSE	QUENCE OF):	the unde	riying ceuse	given in	neck only o	PERFO	ORMED?	AA CC	MILABLE PRIOR TO DMPLETION OF CAL F DEATH?
PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con-	ditions contributing to	(OR AS A CONSE	QUENCE OF):	OTHER:	riying ceuse	given in DEATH (C) Residence	neck only o	PERFO 1 YES 1 YES	ORMED?	All CI	MILABLE PRIOR TO DMPLETION OF CAL F DEATH?
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent condenses the condenses of the condenses	DUE TO d. DUE TO d. AL HOSPITAL: 1 A Inpatient 2 E 26e. DATE OF (Month, D attion of be DUE TO 28e. PLACE OF building,	(OR AS A CONSE	QUENCE OF): GUENCE OF): resulting in 3 □ DOA 4 20b. TIME	OTHER:	28. PLACE OF 3 Home 5 1 WORK? 1 YES 2	given in DEATH (C) Residence	6 Oth	PERFO	PRMED? 2 NO 7 INJURY OCCU	AN CO	MILABLE PRIOR TO MANUFACTION OF CA
BY PHYSICIAN: MEDICAL	If any, leading to immediate cause. Enter UNDERLYING CAUSE. (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent consequence of the consequence	DUE TO d. DUE TO d. AL HOSPITAL: 1 Pinpatient 2 26e. DATE Of (Month, Dation) of be led PHYSICIAN: To the best of	(OR AS A CONSE death but not death but not ER/Outpatient : INJURY ay, Year	QUENCE OF): GUENCE OF): reaulting in 3 □ DOA 4 28b. TIME INJUI	OTHER: Nurshry 28 Nurshry 28 Nurshry 28 Nurshry 28 Nurshry	28. PLACE OF 3 Home 5 1 1C. INJURY AT WORK? 1 YES 2 4, office	given in DEATH (Ch Residence NO	6 Othe	PERFO 1 X YES 1 X YES 1 X YES 1 X YES 2	PRMED? 2 NO 1 INJURY OCCU 4 and Number of	A CI O O 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	MILABLE PRIOR TO OMPLETION OF CA F DEATH? YES 2 1 No.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FI	irst, Middle, Las	Raymond			BOUTH	NER			2. DAT MON 07	E OF DEATH		YEAR	:35
	4. SOCIAL SECURITY NU	MBER	5. SEX	6. AGE (In yrs.		IF UNDER	t YEAR	IF UNDER		7. DAT	E OF BIRTH		8. BIRTHPLAC	
	214-84-27		1 M 2 - F	. 3	O YRS.	MONTHS	DAYS	HOURS	MIN.	(MOI	th, Day, Year)	60	Mary	17 l a 1
~	9a. FACILITY NAME (If no	t Institution, give	street and number)			9b. CITY	TOWN C	OR LOCATI	ION OF DI	EATH			TY OF DEATH	
TO	FRANCI RESIDENCE OF DE	S SCO	IT MEDICAL	CENTE	ER	BAI	TIM	ORE						
DIRECTOR	ton. STATE	10b. COUN	TY		10c. CI	TY, TOWN C	R LOCAT	TION					10d.	I. INSIDI
	Maryland				В	alto.	Ci	tv					1 🗓	LIMITS
1AL	100. STREET AND NUMBE	ER						ZIP COD	E			tog. CITIZI	EN OF WHAT	COUNT
UNERAL	11. MARITAL STATUS	reenci	rest Rd.						206				U.S.	.A.
BY F	17. MARHTAL STATUS 1 Never Married 2 [3 Widowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED	1 '	f yes, sp	ENDENT Cook	ın, Mexica	in, Puerto	IN? (Specify Ye Ricen, etc.)	es or No	14. RACE — A Black, Whi Specify:	America hita, etc.
ED	15. Dr (Specify o	ECEDENT'S EC	OUCATION ide completedi	16a,	DECEDENT'S	S USUAL OC	CUPATIO	ON of working		16	b. KIND OF BU	JSINESS/INDU		
COMPLET	Elementary/Secondary	/ (0-t2)	College (1-4 or 6	+)	Ille. Do NOT L	hier	ounng mo	St of Workii	ng		Burg	ger Ki	ng	
ш	17. FATHER'S NAME (First, Eugene		uthner					18. MOT			Middle, Maider D. MC			
0 8	19a. INFORMANT'S NAME	(Type/Print)			19b, MAILING	D ADDRESS	(Street a	nd Number	r or Rural I	Route Nur	nber, City or Tox	wn, State, Zip C	Code)	
10	Mrs. Wand		Bouthner		San	ne as	10e							
	20a, METHOD OF DISPOS t ◯XBurlel 2 ☐ Comme	ition 3 🗆 Re	moval/from State	conferency.	CEAND DATE	other place!				DA	TE 20c. L(OCATION — CI	ity or Town, S	State
			white 1	Pro	spect	-			_		2/\$1	Tows	on, Ma	ryl
	4 Donation 5 Other (Specify) Prospect Hill Cemetery 7/22/91 Towson, M													
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ATION	23. PART I. Enter the ahock, pr	diseases, or heart failure	r complications that a. List only one cau	use on each I	ine. Lple d SEOUENCE O	not enter	Ruck	TOW	vson Ing, auc	Funda s car	eral H	ome. 1	Inc.	Appr
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_	_	REGISTRAR		CENTIF	ICATE	F DEATH		RE	G. NO.				
		1. OECEDENT'S NAME (First, Middle, Last)	Ŋ	ANCY TA	ATE BOD	INE		DATE OF DE	DAY	7EAF	3. TIME OF DEATH 2 5 0 M		
		4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HI	_	DATE OF BIE			RTHPLACE (State or Foreign		
		176-18-0963. 1□M²)	7F 78	VDO	MONTHS DAY		N.	(Month, Day,		Co	PENN.		
6		9e. FACILITY NAME (If not institution, give street and numb KESWICK HOME	er)			N OR LOCATION O			9c.	COUNTY O	F OEATH		
2		RESIDENCE OF DECEDENT											
		10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY		
DIRECTOR	- 18	MD.				AJIMORE	,CIT	Y			LIMITS?		
AL		10e. STREET AND NUMBER				10f. ZIP CODE			109	. CITIZEN O	F WHAT COUNTRY?		
FUNERAL		700 WES	T 40th.	STREET			212	11		1	U.S.A.		
15		11. MARITAL STATUS 12. WAS DE	EDENT EVER IN	S. ARMED	13. WAS	DECENDENT OF HI	SPANIC C	RIGIN? (Spe	city Yee or N	o- 14. R.	ACE — American Indian,		
BY			1 Q YES	NO	1 🗆 Y	ap city Cuben, Me YES 2 NO S	oec/fy:	uarto Rican,	etc.)	2.5	lack, White, atc. pec/ly: WHITE		
0		15, DECEDENT'S EDUCATION	- 1	6e. DECEDENT'S	USUAL OCCUP	ATION		16b. KINO	OF BUSINES	S/INDUSTR	Y		
		(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-	(nr.5+)	life. Do NOT u	work done during se retired.)	most of working							
14		12		HOM	EMAKER			_		OLINI	HOME		
COMPLET		17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S	S NAME (First, Middle.	Malden Surni		THE STATE OF THE S		
		CEODGE III IIIAME				1)	Title						
BE		GEORGE T. TATE 190. INFORMANT'S NAME (Type/Print)	-	105 MAIL INC	ADDRESS /Star	et and Number or R		ROMANC Mumbau Cit		eta 7in Coda			
은		Description (1997)								ne, zip code,	,		
'	ı	MISS. JENNIFER B. BODI			X 128	DENTON		21	629				
		20e. METHOR OF DISPOSITION 1		ptace of dispo other place) EEN MT.	CEMETI	cemetery, crematory	701				r Town, State MD. 21202		
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE				AND ADDRESS O	F FACILIT	TY /10/15	VORK	BUYD	21212		
		William R. On	re III		1						TIMORE, MD.		
	7	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest,											
		shock, or heart feliure. List only or	e ceuse on eed	ch line.							interval Between Onset and Death		
	1	IMMEDIATE CAUSE (Fine) disease or condition	A A	- 1	- 4	- (arci							
	$\ \cdot\ $	resulting in death) e	UE TO (OR AS A (CONSEQUENCE O	REGN	anu	w	ma			years.		
		_			. ,						j /		
CERTIFICATION		Sequentially list conditions,	UE TO (OR AS A C	ONSEQUENCE O	PF):								
A		if sny, leading to immediate ceuse. Enter UNDERLYING											
1 5		CAUSE (Disease or injury that initieted events	UE TO (OR AS A C	CONSEQUENCE C	F):								
E		resulting in death) LAST											
. I II													
4		PART II. Other significant conditions contribut	ing to death bu	not reaulting	in the underl	ying ceuse give	n In Par	t I. 24a.	WAS AN AUT		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
EDICAL		Ndvanced	(DP)					. 10	YES 2		COMPLETION OF CAUSE OF DEATH?		
			_ /						1		1 TYES 2 NO		
2								-		- 1			
PHYSICIAN		25. WAS CASE REFERRED TO MEDICAL			20	. PLACE OF OEAT	H (Check	only one)					
S	3	EXAMINER? HOSPITA	AL: nt 2 DER/Outper	tlent 3 🗆 DOA	OTHER:	Home 6 🗆 Reelde	nce &	Other (Soc	with A C	T 11.			
: ≩			ATE OF INJURY	28b, TII	-	INJURY AT			E HOW INJUI				
6	- 11	1 Natural 6 Pending	onth, Day, Year)	IN	JURY	WORK?	, [
\ \d		2 Accident Investigation	ACE OF INJURY -	- At home, farm.			_	f LOCATION	(Street and I	Number or Ru	iral Route Number,		
E G		3 Suicide 6 Could not be 4 Homicide determined	iliding, etc. (Specif	y)	atroot, ractory,	,,,,,,	"	City or Tox	vn, State)	torribor or ric	wai riouto itaninos,		
PLE		29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	best of my knowle	dge, death occur	red at the time,	date end plece, end	d due to t	the cause(e)	end menner	as stated.			
COMPLETED		one) 2 MEDICAL EXAMINER: On the be	als of examination	end/or investigati	on, in my opinic	n, death occured a	it the time	e, date end	place, end du	e to the ceu	use(e) end manner ee stated.		
BE	ı	29b. SIGNATURE AND FITLE OF CERTIFIER	0			29c. LICENSI	NUMBE	R cl	29	d. DATE SIG	NED (Month, Day, Year)		
2	2	M. NAME AND ADDRESS OF PERSON WHO COMPLETE	D CAUSE OF DEA	TH (ITEM 27) (Typ	e, Print)	y u	- >5	I		10	July 41		
		K Woseph W	FERI	153	mo						·		
		31. DATE FILED (Month, Day, Mar) 0 32. RE	DISTRAR'S SIGNA	TURE									
		JUL 2 3 1991 Julia De	widson-Ra	ndelle									

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 hours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Itom 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VIT,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; Th	THE FUNERAL DIRECTOR; After this certificate of filed within 72 hours after death with the State	MPORTANT: If Item 28 is marked, or Item

	1 - STATE REGISTRAR	00000	CE	RTIF	CATE	OF DEATH	H ME	REG. NO	7 8	19	825	
	1. DECEDENT'S NAME (First, Middle, Last)				TOATE.	JI DEAII		DATE OF DEATH	J	1	3. TIME OF DEAT	TM .
	Minnie		Bro	ooks				MONTH	DAY 2 1	1991	7:45	Ам
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER 1 Y	AR IF UNDER 24	HRS. 7.	DATE OF BIRTH	- 1		PLACE (State or Fo	
	220-80-8510	1 🗀 M 2 💢F	88	YRS.	MONTHS D	YS HOURS	MIN.	(Month, Day, Year)	1000	Country	y)	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY. TO	WN OR LOCATION		Jul 24	1902	INTY OF D	<u> </u>	a
DIRECTOR	1002 McKean Avent	ıe				imore	O DEAT				e City	
EC	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN OR L	OCATION					10d. INSIDE CITY	
PE	Maryland			Ra.	ltimo	ro					LIMITS?	
	10e. STREET AND NUMBER			101. ZIP CODE				10g CITIZE			HAT COUNTRY?	NO
FUNERAL	1002 McKean Av	enile		21217							S. A.	
S	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARE		13, WAS			ORIGIN? (Specify V			- American India	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 NA MAR OR DATES	0	of yes, specify Cuban, Mexican, Puerto Rican, etc.) Black					Black	, White, etc. ly:	
0	15. DECEDENT'S EDU	CATION	16a DEC	ECEDENT'S USUAL OCCUPATION				16b, KIND OF BI	1011100011111		Blac	K
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5	(Gh	ie. Do NOT use retired.)				100. KIND OF BO	JSINESS/INI	DUSTRY		
4	6th Grade	College (1-4 or 5	"	Domestic				Desiren	+ o F	- m - 1		
OM	6th Grade Domestic Private Famil: 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maidle, Maidle, Surname)									.1es	_	
Ö	George Hughlet											
BE	19a. INFORMANT'S NAME (Type/Print)	L	105					Lampki Number, City or To				
2											1015	
	Rebecca M. Down					an Ave	BS	altimor			21217	
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from Stay	cemetery, cren	natory or q	of DISPOSITIO	m <i>(Nama of</i> emetery			OCATION —			
	4 Donation 5 Other (Specify)	Paces	- Ceda:	r H:				7/25 An	ne A	rund	lel Co,	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Cedar Hill Cemetery 7/25 Anne Arundel Co, MD 22. NAME AND ADDRESS OF FACILIT Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216											
	Le meil	5-18	m-12	y -	Ra Ba	OI GWy	nns	Falls	Park	way		
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO	OSCIETOT (OR AS A CONSEQU (OR AS A CONSEQU (OR AS A CONSEQU	UENCE O	F):	ovascula	ar D	isease			Onset and	
Ö	PART II Other eignificent condition	a contribution to	death but yet	-								
DICAL	PART II. Other significant condition	e contributing to	death but hot re	rauiting	in the under	lying cause give	en in Par	t I. 24a, WAS AF PERFO			WERE AUTOPSY FII AVAILABLE PRIOR	ro
ă								1 TYES	2 KNO		COMPLETION OF CO OF DEATH?	AUSE
ME								Inqu	iry		1 - YES 2 -	10
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	OTHER:	6. PLACE OF DEAT	TH (Check o	only one)				
YS	1 X YES 2 NO	1 Inpetient 2	ER/Outpatient 3	DOA	4 Nursing	Home 5 Resid	lence e 🗆	Other (Specify)				
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	26a. DATE OF (Month, D		26b, TIM	URY	INJURY AT WORK?		d. DESCRIBE HOW	INJURY OC	CURED		
	3 Suicide 6 Could not be datarmined	28a. PLACE O building,	F INJURY — At horrate. (Specify)	ne, farm, s	itreet, factory,	offica	261	LOCATION (Street City or Town, State	and Number	or Rural Ac	oute Number,	
3 Suitede 4 Could not be datarmined Description and Number of Rural Route Number. 281. LOCATION (Street and Number or Rural Route Number. 282. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												
	296. STURATURE AND TITLE OF CONTIFIER					_						
TO BE	Maline Im	Mall) W	417		O.C.		G.	≥9d. DATE		Month, Day, Ward	1991
	on name and Modress of Person was Margarita Pt. K	orell. M	D DEATH (ITEM	27) (Type		nn Stro	et	Baltimor	e Mar	-w1 as		
ĺ	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	Rando		mi orie		Darcimor	e mai	yıan	4 21201	
ال	20T %2 K	7000	a lather lather and	- Par	0							

6:30

10d. INSIDE CITY LIMITS? 1 TY YES 2 NO

Black

6. BIRTHPLACE (State or Foreign

Virginia

14. RACE — American Indien, Black, White, atc.

Maryland

Approximata

24b. WERE AUTOPSY FINDINGS

1 YES 2 NO

CA 6

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

Interval Between Onset and Death

Specify:

Baltimore

OL. M

2. DATE OF DEATH

7. DATE OF BIRTH

1903

Oct 1

4. SOCIAL SECURITY NUMBER

216-10-2394

KOBERT

5. SEX

1 1 1 2 F

BAILE

DAYS

IF UNDER 24 HRS.

HOURS

IF UNDER 1 YEAR

INCOLN

6. AGE (In yrs. last birthday)

87

BALTIMORE, MARYLAND 21203-3146

BOX 13146.

o

σ.

DIVISION OF VITAL RECORDS.

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street end number) 95 CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Old Court Nu Nursing Home Randallstown 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Baltimore permit. FUNERAL 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? 3709 Bowers Avenue 21207 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 X Widowed 4 Divorced ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) High School Maintenance Man Continental once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Ellen Jackson Robert Bailey notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 James E. 3709 Green Bowers Ave Baltimore, Maryland pe 20s METHOD OF DISPOSITION
1 A Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, Stata must Nat'1 Memorial Park Laurel, 22. NAME AND AODRESS OF FACILITY Nutter Funeral Homes examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 2501 Gwynns Baltimore, Falls Parkway Maryland 2121 Herbers medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition and a sul event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Heim 00 other traumatic CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician are If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 6 Injury. PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL theen signed by the pt. of Health and M 3 shows any Inju 1 TYES 2 NO certificate has been the State Dept. of the State Dept. of them 23 st PHYSICIAN: THE HOSPITAL OR ATTENDING PHYSICIAN: The law THE FUNERAL DIRECTOR: After this certificate has by filed within 72 hours after death with the State Dept. 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? marked, Natural 5 Pending 1 YES 2 NO 84 Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be determined -ETED 4 Homicide 28 Item 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) end manner as stated. COMPL = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. IMPORTANT: 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 品 11 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 8620 LIB 31. DATE FILEO (Mortif, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randall 2 1991

DHMH-16 Rev 1/89

ORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	it The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be ext	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trauma	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

		_		IVALL		DEATH		REG. NO				
1. DECEDENT'S NAME (First, Middle, Last)					_		2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEA	ATH
Ricardo		Andre	В	ennet	bt.		07	14		991	2:42	7\ M
4. SOCIAL SECURITY NUMBER	5. SEX	6. FGE (In yrs. Is		IF UNDER		IF UNDER 24 HRS.	7. DATE	OF BIRTH			IPLACE (State or I	Foreign
214-76-4679	1 M 2 F	33	YRS.	MONTHS	DAYS	HOURS MIN.	(Mont	h, Day, Year)	050	Counti	y)	
	44		-	ah CITY	TOMAL	OR LOCATION OF		1, 1			_	ıa
	,						DEATH		9c. CO	UNTY OF D	EATH	
Shock Trauma	Center			Balt	timo	re			Bal	timo	re Cit	V
	Y		10c CI	V TOWN O	DR LOCA	TION						
Marriand											LIMITS?	
			B	alti	-						1 X YES 2	NO NO
					10	. ZIP CODE			10g. CI	TIZEN OF Y	WHAT COUNTRY?	
1571 Alconbury						21221			U	. S.	A .	
	12. WAS DECEDEN	EVER IN U.S.	RMED	13. 1	WAS DEC	ENDENT OF HISPA	ANIC ORIGIN	17 (Specify Yes	or No-	14. RACE	- American Ind	llan,
	IF YES, GIVE W	AR OR DATES	NO					Rican, etc.)				
3 Widowed 4 Divorced						400	ary.			Speci		-
15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OC	CCUPATIO	ON	16b	KINO OF BUS	SINESS/IN	DUSTRY	DIACI	1
		, and	aive kind of Do NOT u	work done o se retired.)	during mo	st of working						
			rafi	Fic	Tnz	astina	+ 0 +	Ci	+ + +	of D	-14ima	
	OTTEGE	1 1	Lali	-10	TIIV					DI B	altimo	re
									Sumeme)			
	тел											
94. INFORMANT'S NAME (Type/Print)												
Diana Bennett		1	571	Alc	onb	ury Ro	ad 1	Balti:	more	e, M	D 212	21
20e. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSI	ITION/Na	me of	OAT	F 20c. LO	CATION -	City or To	wn State	
Donation 5 Other (Specify) ET	tombmen	t Arbut	emalory or o	ther placa)	ria	1 Darle	7/1	0 P-			0 -	
11. SIGNATURE OF TUNERAL SERVICE LIC	ENSEE	-pil Du	Jus I	22. 1	NAME A	D ADDRESS OF F	ACH ITY NI	y ba.	Eur	ore	CO.,	MD
- May 40	-00-			2	EΩ1	Creen	- E-	IJ- D	r un	erai	. nomes	THE
Lary of 14	ollens			Ŕ	3 U I	imore	Mars	IIS P	arky	vay		
23. PART i. Enter the diseases, or o	complications that	caused the d	eath. Do i	not enter	the mo	de of dying, au	ch as card	lac pr reapl	retory ar	reat.	Approvin	nate
enock, or near range.	List only one caus	se on each lin	B.								Intervel B	Setween
diagons on any distant	Constitut		America								Onset an	d Death
reculting in deeth)					DH	EAD						
	DOE 10 (OH AS A CONSE	QUENCE O	F):								
Sequentially list conditions.	b											
if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE O	F):								
CAUSE (Disease or injury	c											
that initieted events	DUE TO (OR AS A CONSE	OUENCE O	F):								
resulting in deeth) LAST	d											
ANT II. Other eignificant condition	a contributing to	death but not	reaulting	in the und	derlying	cause given in	Part t.			24b.		
											COMPLETION OF	
								M IES 2	[] NO			
											1 YES 2	NO
S WAS CASE DESERBED TO MEDICAL												
EXAMINER?	HOSPITAL:			OTHER		ACE OF GEATH (C	heck only on	9)				
	1 Inpatient 2 🖔	ER/Outpatient 3	DOA			5 🗆 Residence	8 Other	(Specify)				
7. MANNER OF DEATH			28b. TIM	E OF			28d. OEŞ	CRIBE NOW IN	JURY OC	CURED		
		_		0.0			Cui	hioat	chot			
a Daniel	28e. PLACE OF	INJURY At he								or Burnt D	nute Mumber	
4 Nomicide determined	ouliding, a	tc. (Specify)					City o	or Town, State)				orch
9a. CERTIFIER											. 1	
(Check only	CIAN: To the beat of r	ny knowledge, de	eth occurre	d at the tin	me, date	end place, end du	e to the cau	se(e) end man	ner ee sta	ted.		
one) 2 MEDICAL EXAMINE	R: On the basis of axi	mination end/or	Investigatio	n, in my op	olnion, de	eath occured at the	time, date	and place, and	due to th	he cause(e)	and manner ee a	itated.
9b. SIGNATURE AND TITLE OF CERTIFIER				-								
7 T	1 - 110					29c. LICENSE NU			29d. DAT	E SIONEO	(Month, Day, Year)	
1 (Du 1 0 M 1.1.												
Donald & Wa	-gw WID					0.0.	M.E.			07	14 1991	
Wonald H. WM.	COMPLETED CAUSE	OF DEATH (ITE	М 27) (Туре,	Print)		0.0.	M.E.			07	14 1991	
Donald G Wri			M 27) (Type,		n Si			ore Ma	ars/l:			
	aht. MD	CMF.			n S	O.C.		ore Ma	aryla			
1 1 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Shock Trauma RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT Maryland 10e. STATE 10b. COUNT Maryland 10e. STATE 10b. COUNT Maryland 10e. STATE 10b. COUNT Maryland 10e. STATE 10b. COUNT Maryland 11e. STATE 10b. CONDUTY 11. MARITAL STATUS 1	Shock Trauma Center RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY Maryland 10e. STATE 10e. COUNTY Maryland 10e. STREET AND NUMBER 1571 Alconbury Road 11. MARITAL STATUS 16 Never Married 2 Merried 17. PATNER'S NAME (First, Middle, Lest) Bernard Brinkley 18. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1-4 or 5 + College 17. FATNER'S NAME (First, Middle, Lest) Bernard Brinkley 18. INFORMANT'S NAME (Type/Print) Diana Bennett 19. INFORMANT'S NAME (Type/Print) Diana Bennett 19. Donation 5 Other (Specify) Entombmen 19. SIGNATURE OF FUNERAL SERVICE LICENSEE 23. PART I. Enter the diseases, or complications that shock, or heart failure. List only one cause (Immediate Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 (XYES 2 NO) 26. DATE OF (Month, Dec.) 27. MANNER OF DEATH 28. DATE OF (Month, Dec.) 28. PLACE OF (Month, Dec.) 29. PLACE OF (Month, Dec.) 20. DATE OF (Month, Dec.) 20. DATE OF (Month, Dec.) 20. DATE OF (Month, Dec.) 21. MANNER OF DEATH 22. Accident Investigation 23. Suicide 8 Coulemned to determined Coulemned Called College (1-4 or 5 + College (1-4 or	Shock Trauma Center RESIDENCE OF DECEDENT 10e. STATE 11e Yes all Yes a Live was DECEDENT EVER IN U.S. A FORCES 7 1 YES 2 Live was OR DATES 11e Yes, GIVE was OR DATES 11e State 1 Yes, GIVE was OR DATES 11e State 1 Yes, GIVE was OR DATES 11e State 2 Live was OR DATES 11e Live 4 Li	Shock Trauma Center RESIDENCE OF DECEDENT 106. STATE 106. COUNTY Maryland 107. STREET AND NUMBER 1571 Alconbury Road 11. MARITAL STATUS 16. Nerve Married 17. Normal Processor 1 YES 2 No 18. DECEDENT'S EDUCATION (Specify only highest grade completed) (Specify only high	214-76-46-79 Se. FACILITY NAME (if not institution, give street and number) Shock Trauma Center RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. COUNTY Maryland 10e. STATE 10e. STATE 10e. COUNTY Maryland 10e. STATE 10e. STATE 10e. COUNTY Maryland 11. MARITAL STATUS 11. MASPITAL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED PORCES? 13. Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S EDUCATION (Specify only highest grade completed) 17. FATNER'S NAME (First, Mickide, Last) Bernard Brinkley 10e. METHOD OF OISPOSITION 10e. METHOD	Shack Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Center Shock Trauma Shock Trauma Shock Center Shock Trauma Shock Trauma Shock Center Shock Trauma Shock Shock Trauma Shock Center Shock Trauma Shock Shock Trauma Shock Center Shock Trauma Shock Shoc	### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions, pive street and number) ### PACHUTY NAME (if not institutions)	## PRECIPITY NAME (if not insufacion, plus streat and number) ## PRESIDENCE OF DECEDENT Shock Trauma Center	SERCILITY NAME (FOR A SIGNATURE) SERVICITY TOWN OR LOCATION OF GEATH SENDING OF DECEDENT THE SIDNE OF DECEDENT THE STATE THE ST	SERCITY NAME (Fine Austration, post street and number) SERCITY, TOWN OR LOCATION OF GEATH SERCITY, TOWN OR LOCATION SERVICE TO DECEDENT 100. COUNTY MAY 1, 1959 Baltimore 100. COTY, TOWN OR LOCATION Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimore 100. Baltimor	214-76-4679 12 2 F 32 YRS. Working Daws Double Bark May 1 1959 OM 15. MCLITY NAME (if not institution, pipe street and number) So. CITY, TOWN OR LOCATION FOR EACH 15. Shock Trailing Center So. COUNTY So. CITY, TOWN OR LOCATION 15. BALLIMOTE So. COUNTY So. CITY, TOWN OR LOCATION 15. BALLIMOTE So. COUNTY So. CITY, TOWN OR LOCATION 15. BALLIMOTE So. CITY, TOWN OR LOCATION 15	214-76-4679 150 150 15 16 32 786 SOUTH SANDER OF STATE OF

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	T 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the united from and compared filled in by the funeral director, page 5 should be detached for use as the furnal-transit narmin Page 1. 2 should	ation, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS WE 88760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law requires that the law required to the law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the many properties and completely	be filed within 72 hours after death with the State Dept. of Health and Mary Hyper prior to turns, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

D

	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAI	RTMEN ICAT	T OF H E OF	EALTH DEAT	AND	MENT	AL HYGIEN REG. NO			13020
	DECEDENT'S NAME (First, Middle, Last) MAURICE CHA	RLES ST.C	LAIR B	ERKEL	EY				2. DAT MON JUI	E OF OEATH	199	YEAR	3. TIME OF OEATH 8:45 P.
	4. SOCIAL SECURITY NUMBER 215-03-6585	5. SEX	6. AGE (In yrs. I		IF UNDE	DAYS	IF UNDER	24 HRS, MIN.	(Mo	E OF BIRTH rith, Day, Year) RIL 8,1			PLACE (State or Foreign
5	9e. FACILITY NAME (If not institution, give s EDENWALD	street and number)				Y, TOWN O		ON OF O		0/-	9c, COUN		EATH
5	RESIDENCE OF DECEDENT					OWSO	.v				B	ALTI	MORE
DIRECTOR	MD.	Y BALTIMORE	S	10c. CIT		OR LOCAT							10d. INSIDE CITY LIMITS? 1 YES 2 XNO
LONERAL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?		
١	800 SOUTHERLY ROA							21	204			U.S	S.A.
5	11. MARITAL STATUS 1 Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE W	YES 2	RMED NO	It yee, spacify Cuben, Mexican, Puerto Ricen, etc.) Black						- American Indian, White, atc.		
COMPLEIED	15. DECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.)					UPATION 165 KIND OF BUSINESS/INDUSTRY						711111111
	10			FOOL	BRC	KER				I	F00D		
20 20	17. FATHER'S NAME (First, Middle, Lest) LIONEL BERKEI	ÆΥ					18. MOTH	ER'S NA ARA	ST.	Middle, Melden	Surname)		
PAMELA BERKELEY RICH 196. INFORMANT'S NAME (Type/Print) PAMELA BERKELEY RICH 196. MAILINO AGORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 16100 FREDERICK ROAD. ROCKVILLE, MD. 20855													
1	20e. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rem Donation 8 Other (Specify)	oval from State	cemetery, ci	E AND OATE	ther place)			7	/20/		CATION — C		rn, State ID. 21208
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	• \	L	22.	NAME AN	O AODRES	S OF FA	CILITY	4905 Y	ORK R	OAD	21212
	23. PART I, Enter the diseases, or ahock, or heart fellure.	complications that	caused the d	leath. Do	not enter	the mod	le of dyle	ng, euc	h aa ce	rdiec or respi	ratory erre	st,	MORE, MD.
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	2 MYO			//	NFA	PRC+	40	N				Onest and Dea
	Sequentially list conditions,	D CO.	PONA	Ry	AA	RHE	Ry	D	15	EASL ROS,	=		
	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Discess or injury that initiated eventa resulting in death) LAST	D CEI	OR AS A CONSE	AL EQUENCE O	AK	EFE	210	ol	LE	ROS,	is		
	PART II. Other aignificant condition	a contributing to	deeth but not	resulting	In the ur	nderlylng	cause g	iven in	Part i.	24s. WAS AN			WERE AUTOPSY FINDINGS
										1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						CE OF DE	ATH (Che	ock only o	ine)	-		
	1 TYES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	4 Nur	R: sing Home	5 🗆 Res	idence	8 6 Oth	er (Specify) R	Est. 140	MF	
- 10	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF I (Month, Da	NJURY y, Year)	28b, TIM INJ	E OF URY M	28c. INJU WOR	RY AT			SCRIBE HOW I			
2 Accident 3 Suicide 4 Homicide 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 28e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as								ute Number,					
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSII 2 MEDICAL EXAMINE	CIAN: To the beat of r	my knowledge, de	eath occurre	ed at the t	lme, date e	and plece,	end due	to the ca	e end place, en	ner se stated). (Dune/e)	and manner on stated
I	29b. SIGNATURE AND TITLE OF GERTIFUS		MA	EA/ -	D	T	29c. LICEN			7			Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE					00	7	12		- 4	19/	(4)
1	JAMSHID HAMED 31, DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE	204 E	AST	JOPP	A ROP	AD_	TC	WSON, M	D. 2	1204	
	JUL 23 1991 4	ine Davidson	-Randell	2									

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	TO THE HOSPITAL OR ATTENDING THIS COUNTY FOR THE PROPERTY OF STATE THE GREAT CONTINUES AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED THIS COUNTY AND THE HOSPITAL OR ATTENDED TH	TO THE FUNERAL DIRECTOR: Annual management are signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to harial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, Last) RUSSELL	BULL						2. DATE OF DEATH MONTH	DAY	YEAR 991	3. TIME OF DEATH	
	4. SOCIAL SECURITY MINMRER 5.5299110 213-76-6010 1 1 1 1 1 2 1 F	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) July 27		6. BIRTI	IPLACE (State or Foreign	
	9a. FACILITY NAME (If not institution, give street and number)	50		9b. CITY	TOWN C	OR LOCAT	ION OF DE			UNTY OF D		
E I	Baltimore County Gen'	1 Hosp	ital								more	
2	RESIDENCE OF DECEDENT											
DIRE	MD Baltimore			dal.							10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
ERAL	4511 Robosson Rd.				1000	2113	_	USA			WHAT COUNTRY?	
BY FUNERAL DIRECTOR	1 Whener Married 2 Married FORCES? 1	T EVER IN U.S. AR			f yes, sp	ecify Cub	OF HISPAN an, Mexica Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No-	se or No— 14. RACE — American Indian, Black, White, etc. Specify: White		
60	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DE	ECEDENT'S USUAL OCCUPATION The kind of work done during most of working					16b. KIND OF	BUSINESS/IN	IDUSTRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5	+)		of work done during most of working in use retired.) cemployed					N/A			
N N	17. FATHER'S NAME (First, Middle, Last)	ne	ver	emp	TOA		HER'S NA	ME (First, Middle, Maid				
BE C	Upton O. Bull							E. Stif				
TO B	10a. INFORMANT'S NAME (Type/Print) Alice E. Bull	19	b. mailing 36 H	igh	lan	d Av	r or Rural F	Spring	Town, State, 2 Grove	e, P	A 17362	
	20a. METHOD OF DISPOSITION Ty Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	20b. PLACE of cemetary	AND DATE	or other p	OSITION	(Name	toru	July D	LOCATION -	- City or To	own, Stata	
	21. SIGNATURE OF FUNDAIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	· A Harlen	tein		2	.J.	Hai	rten nd S	stein M	ortu Free	ary,	PA 17349	
CERTIFICATION	23. PART I tenter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Onset and Death		
CER	resulting in death) LAST											
: MEDICAL	HTN HO Thumbsflen H/O WA		reaulting i	in the u	nderlyin	g cause	given in	PER	AN AUTOPS' FORMED?	Y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL		-		26. P	LACE OF	DEATH (Ch	eck only one)				
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2	☐ ER/Outpatient :	3 DOA	OTHE:		ne 5 🗆 F	Residence	6 Other (Specify)			1/4/2011	
BY PHYSICIAN:	1 Matural 6 Pending	F INJURY Day, Year)	28b. TIM	_	28c. IN	JURY AT DRK? YES 2		28d, DESCRIBE HO	W INJURY O	CCURED	1	
	2 Sulcida 28e. PLACE	OF INJURY — At h	ome, farm, i	street, fac	tory, offi	20		281, LOCATION (Str. City or Town, St	eet and Numb late)	per or Rural	Route Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of MEDICAL EXAMINER: On the basis of										(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER MISCH Jodo V my				29c. LICENSE NUMBER 7					29d. DATE SIGNED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN HIGUEL SADOVNIK		EM 27) (Type	Print)	NAC	c 3	enve	H 2d	CLEN	- BUA	9/9/ enif 21060	
		AR'S SIGNATURE	11-1 7									

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4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 1 O YRS. WONTHS DAYS HOURS MRM. 1 M 2 F UNDERSTREAR FUNCE OF BUTTING MOUNTING MRM. 1 M 2 F UNDERSTREAR FUNCE OF BUTTING MOUNTING MRM. 1 M 2 F UNDERSTREAR FUNCE OF BUTTING MACKING, plvs street and number) 1 D YRS. 1 D YRS. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. WONTHS DAYS HOURS MRM. 1 D YRS. SEX 1 D YRS. 1 D	İ	1. DECEDENT'S NAME (First, Middle, Less	Bhaga	t			2. D/	2. DATE OF DEATH DAY YEAR 7/20/9/				
THE JOINS HORKITS HOSPITAL THE JOINS HORKITS			1 🔀 M 2 🗆 F		1.5	7	1	HRS. 7. DA	TE OF BURTH		Country)	
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348 SCOILA ROAD 11. MANTAL STATUS 12. WAS DECEDENT EVER BY U.S. ASMAD 13. WAS DECEDENT OF HIPPANC CONDINI (Beach) Was or No	#	10e. STATE 10b. COUN									10d. INSIDE C	
NAME OF STATUS Name Control C	ERAL	10e. STREET AND NUMBER					I. ZIP CODE	115		10g. CITIZ	EN OF WHAT COUNTRY	
TO THE STATE OF DESCRIPTION SURVEY STATE CONTRIBUTION OF THE STATE OF DESCRIPTION OF THE STATE OF T		1 Never Merried 2 Merried	FORCES? 1 Y	ES 2 N	MED O	If yes, ap	ENDENT OF H	ISPANIC ORI	C ORIGIN? (Specify Yee or No— , Puerto Ricen, atc.) 14. RACE — A Black, Wh Specify:			
SUPESH K. Bhagat See METHOD or piscourino Supering		(Specify only highest grad	le completed)	(Gh	re kind of wo	ork done durina ma	ON est of working					
SUPESH K. Bhagat See, HETHOO OF DEPOSATION Supering	SOMPL	4th 17. FATHER'S NAME (First, Middle, Last)			N	/A	16. MOTHER	'S NAME (Fire	It. Middle, Maiden	Surnamo)	•	
26. METHOD of pisposition of pisposi	BE	19e. INFORMANT'S NAME (Type/Print)		19b.	Urvashi Sharma						Code)	
The state of the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or resignatory arrest, shock, or heart feliure. List only one ceuse on each line. Approximation Approx		20e. METHOD OF DISPOSITION 1 □ Burlet 2 【X Cremetion 3 □ Rer	20h PLACE AL	MODATEOR	DISPOSITION /N/	ma of						
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or resultation and constitutions and constitutions and constitutions. MMEDIATE CAUSE (Final Constitution) Approximate and constitutions are suiting in deeth) DUE TO (OR AS A CONSEQUENCE OF):	11-		CENSEE PAR	Metro	o Cr	I 22. NAME AS	VD ADDRESS (DE FACILITY				
MMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval shock, or heart fisture. List only one cause on each line. MMEDIATE CAUSE (Final diseases or condition) I support the conditions of the cause of conditions or conditions or conditions or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause or conditions or cause o		299 Frederick Rd., Balto., MD 21										
PERFORMED? PERFORMED? AMAILABLE PRIOR	CERTIFI	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): d.										
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netures 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY At homicide 28. DATE OF INJURY (Month, Dey, Year) 28. DATE OF INJURY At home, farm, street, factory, office 28. LICATION (Street and Number or Rural Route Number, City or Nown, Stete) 296. CERTIFIER 296. CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. DIATE FILED (Month, Dey, Year) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE	EDIC/		to deep	n but not re	euiting in	the underlying) cause give	n in Part I.	PERFOR	MED?	AVAILABLE PRICOMPLETION COMPLETION CO	
27. MANNER OF DEATH Natural S Pending Investigation Suicide 6 Could not ba determined Check only one) 29e. CERTIFFIER 29e. CERTIFFIER 29e. CERTIFFIER Check only one) 2 MEDICAL EXAMINER: On the bast of my knowledge, death occurred at the time-date end place, end due to the cause(e) and menner eastated. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE 28e. INJURY At home, farm, street, factory, office 28e. INJURY AT WORK? 1 YES 2 NO Ph Slipped in Pool & Other (Specify) 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES	SICIAN:	EXAMINER?				OTHER:						
3 Suicide 6 Could not ba determined 286. PLACE OF (NJURY — At home, farm, street, factory, office City or Town, Steet) Street and Number or Rural Route Number. City or Town, Steet) Resident Could not be determined Resident Could not be publishing, sic. (Specify) Resident Could not be publishing, sic. (Specify) Resident Could not be published. Resident Could not be published not could not be cause(e) and menner eastated. Resident Could not be published not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not be cause(e) and menner eastated. Resident not not could not not cause(e) and menner eastated. Resident not not not could not not not not not not not not not not	F	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJUR (Month. Day, Yea 5/19/	RY 117) 91	28b. TIME INJUI	OF 28c. INJ RY WO 1 1 1	URY AT RK? 'ES 2 N	28d. 0	ESCRIBE HOW II	4		
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296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 297. 209. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	COMP	(Check only one) 2 MEDICAL EXAMINI	ER: On the basis of examina	nowledge, deat	h occurred	at the time, date in my opinion, d	end place, end	due to the o	cause(e) and men	d due to the	i. ceuse(e) end menner e	
31. DATE FILED (MORRY, Day, Year) 32. REGISTRAR'S SIGNATURE		Karen	Harry	DEATH /IVEA			29c. LICENSE	NUMBER 282		29d. DATE	SIGNED (Month, Day, Yes	
		Karen Pa	arker	00	MYS	Hopl	Cus	Hos	pital	Pic	107	
		- 1 (MI) -			n-Par	ndelle					(

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 | CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, La Walter Edwin I			RTIFICAT	01	JEA		2. DATE C	REG. NO.	y y	EAR	TIME OF OEAT
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest bir	irthday) IF UNI	DER 1 YEAR	IF UNDES	R 24 HRS.	7. DATE O	E BIOTH	1.0		CE (State or Fo
- 3	027-12-7862	1 X M 2 🗆 F		YRS. MONTH					Country)	chuse		
	9a. FACILITY NAME (If not institution, gi	ive street and number)		9b. C	ITY, TOWN	OR LOCATI	ON OF DEA			9c. COUNTY		
CTOR	St. Agnes Hosp	pital		Ba	ltimo	ore						
5	RESIDENCE OF DECEDENT		1,	10c. CITY, TOW	N OR LOCA	TION					104	d. INSIDE CIT
DIRE	Md.			Balti								LIMITS?
AL	10e. STREET AND NUMBER				10	n. ZIP COD	E	10g. CITI2			_	T COUNTRY?
8	1906 Wilkens I	Avenue				21	223				USA	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 M Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMEI YES 2 NO AR OR DATES	D 1	If yes, s	pecify Cubi	OF HISPANI en, Mexican Specify:	NIC ORIGIN? (Specify Yes or No—) in, Puerto Rican, etc.) y:		r No- 14	Black, W Specify:	American ind hite, etc.
ED	15. DECEDENT'S			DENT'S USUAL		CUPATION uring most of working			16b. KIND OF BUSINESS		TRY	1111100
E	(Specify only highest gi	College (1-4 or 5+	We Do	NOT use retired	d.)							
COMPL		4	S	peech	Thera	herapist						
	17. FATHER'S NAME (First, Middle, Last)								AME (First, Middle, Malden Surname)			
BE.	John Barholn 190. INFORMANT'S NAME (Type/Print)	ц	1 405 40	AAU ING ADDO	Mary Linde							
2	Walter E. Barhol	lmTr.	19th MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 19th Ravencroft Lane, Virginia Beach,								234	
event, the medical examiner must be notified TO BE			20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Ton									
	20c. METHOD OF DISPOSITION 1 Burlei 20 Cremation 3 Removal from State 4 Donation 5 Othey (Specify) 21. SIGNATURE OF TUMERIAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	23. PART I. Enter the diseases	or complications that	caused the deet	7	5695	Main	St.	Elk	meral cridge.	Md.	212	
	23. PART I. Enter the disease ahock, or heart the immediate Cause (Final disease or condition resulting in death)	Respir	ratory Fa	h. Do not en	5695	Main	St.	Elk	cridge.	Md.		Approxic Interval Onset a
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Respir		h. Do not en ilure ENCE OF): ease t ENCE OF):	5695 Iter the m	Main ode of dy	St.	Elk	cridge.	Md.		Approxi Interval Onset a
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	FOR STATE REGISTRAR	STATE OF MAR		PARTMENT OF IFICATE OF		MENTAL HYGIE REG. N		1 19832			
	1. DECEDENT'S NAME (First, Middle, Lest)	(HERMA	AN F. C	OTTMAN S				3. TIME OF OEATH			
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birtho	day) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign			
	223-14-7192	ÍZ∭XM 2 □ F	79 YR		HOURS MIN.	(Month, Day, Year) 07-24-	-11	VA.			
œ	9a. FACILITY NAME (If not institution, give str				OR LOCATION OF DE		9c. COUNTY	OF DEATH			
6 6	Maryland General				altimore	City	1				
DIRECTOR	MD 10a. STATE 10b. COUNTY			BALTIMOR		Y		10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
FUNERAL	10e. STREET AND NUMBER			1	of. ZIP CODE	0.6	12.15	OF WHAT COUNTRY?			
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E I	15. DECEDENT'S EDUC (Specify only highest grade of	CATION completed)	(Give kin	NT'S USUAL OCCUPAT d of work done during n	ION lost of working	16b. KIND OF B	USINESS/INDUS	TRY			
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	17. FATHER'S NAME (First, Middle, Lest) IRA COTTMAN		<u>-</u>			NIE KEI	n Surname) NTER				
TO BE	19a, INFORMANT'S NAME (Type/Print) HERMAN COTTI	MAN				Route Number, City or R					
	20a. METHOD OF DISPOSITION 1 Paurial 2 Cremation 3 Ramo	wel from State	20b. PLACE OF DI	SPOSITION (Name of c			OCATION — City				
	4 Donation 5 Other (Specify)		ARBUTU		AL PK.		RBUTUS	, MD.			
	* alvin L	. Will	man		AND ADDRESS OF FA		101 E.	NORTH AVE.			
	23. PART Enter the disease, or c shock, or heert fellure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Emphyse	ema				piratory srrest	t, Approximats interval Between Onset and Daeth			
z		Chroni	c Obstru	ctive Pul	monary Di	sease					
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4	PART il. Other aignificent condition			-04/11/12/14/14/14/14			AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO			
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ВУ РН	1 Natural 5 Pending	(Month, Day,)		INJURY	YORK?	26d. DESCRIBE HOV	V INJURY OCCUP	MED			
	2 Accident investigation 3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At home, for (Specify)	erm, street, factory, of	ica	281. LOCATION (Stree City or Town, Sta		Rural Route Number,			
COMPLETED	onel	CIAN: To the best of my						cause(a) and manner as stated.			
TO BE	EMHIENL CHEUP	4 PALLON 8	20				▶ 7.	21-91			
-	30. NAME AND ADDRESS OF PERSON WHO			(Type, Print) yland Gene	eral Hosp	ital					
	31. DATE FILED (MONTHS DOYS) 999 32. REGISTRAR'S SIGNATURE										

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
WILLIAM LOUIS CRITZER,

1 -

1	1. DECEDENT'S NAME (First, Middle, Las WILLIAM LO	UIS CRIT	ZER,	JR.					2. DATE O		DAY	YEAR	11 0
- 1	4, SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	rs. lest birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE O			6. BIRT	
	212 46 5247	1 25 M 2 F	4.3	YRS.	MONTHS	DAYS	HOURS	MIN.		. 24 . 1	9/17		
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OR	6700 Security 1			10	_ W	OODI	LAWN		- 1		1	Simple tor Specify Wheeler	91moR
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	17. FATHER'S NAME (First, Middle, Last)		C.								n Sumame)	rbur@tor ey Zip Code) D 21225 — City or Town, Stata imore, Mary me, P.A.	
BE	William Lou 19e. INFORMANT'S NAME (Type/Print)	uis Critz	er, S	19b. MAILIN	3 ADDRES	S (Street a		ılir or Rural F					
5	Regina Critzer												225
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

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1	1. DECEDENT'S NAME (First	t. Middle, Last)									
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1	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER 1 YEAR		7. DATE OF BIRT			ACE (State or Foreig
	218-40-044		1 XM 2 F	78		MONTHS DAYS	-	(Month, Day, Y	bar)	Country)	
				,,,		AL OUT!		May 8	_		
.	9a. FACILITY NAME (# not h						OR LOCATION OF D			UNTY OF DEA	
DIRECTOR	6A Beehi		ce			Coc	keysville		B	altimo	re
ည္က	10e. STATE	10b. COUNT			10c. CITY,	, TOWN OR LOCA	ATION			1	od. INSIDE CITY
H	Maryland	Ba	ltimore		Co	ckeysv	ille			1	LIMITS?
FUNERAL	10e. STREET AND NUMBER 6A Beehi		ce			1	of. ZIP CODE 2103	30	10g. Cl	TIZEN OF WH	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 X 3 Widowed 4 Div		12. WAS DECEDEN FORCES? IF YES, GIVE V	NAR OR DATES	ARMED ()NO	If yes, s	ECENDENT OF HISPAI specify Cuban, Maxico ES 2 NO Specif	in, Puarto Rican, s		Black,	White, etc.
	15. DEC	CEDENT'S EDU	UCATION	WWII	DECEDENT'S I	JSUAL OCCUPAT	TION	18h KIND (OF BUSINESS/IN	HOUSTRY	
	(Specify on	ly highest grad	le completed)		(Give kind of w life. Do NOT use	ork done during n	nost of working	IOD. KIND	evanteaa/m	Joothi	
7	Elementary/Secondary (College (1-4 or 5	+)	Offic	e Mana	ger	C	rpet li	nduct	K. 1
COMPL	17. FATNER'S NAME (First, A				OTTIC	e ivialia		ME (First, Middle, A			У
100			Coucine				73.0	nce Kate	and the same of		
H	Henry Sne		Cousins		19b MAII ING	ADDRESS /Street	t and Number or Rural				
2											1020
	Mary M. C		5	205 01 84		OF DISPOSITION			OC. LOCATION -		
	1 XBurlel 2 Cremell 4 Donation 8 Dothe	on 3 🗆 Ren	moval from State	of cemeta	ry, crematory	or other place).	st Ch. C	am 2			
			ICENSEE .			22. NAME	AND ADDRESS OF FA	CILITY		IU, W	ar ylariu
	21. SIGNATURE OF FUNER	Paul	C. Loch	stampfo	or	Lemr	mon-Mitch	nell-Wied			
	taul	1.2	MAKAT	4	100	T:					
		haart fallure.			dainth. Do n	ot anter the m	node of dying, au			arreat,	Interval Bet
IFICATION	ahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list condi If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	tlons, ediata	a. Respondent	at caused the	delith. Do not not not not not not not not not no	lns		ch ee cardiac or		arreat,	Interval Bet
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

91

BALTIMORE, MARYLAND 21203-3146	22 nours after death. Page 6 may be retained by the hospital or attenting daysician	y filled in by the funeral director, page 5 should be detached for use as the burial-traition, or removal.	All the second that the second
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x mours after death. Page 6 may be retained by the hospital or attending pagesian.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and the second state and the manifest of the second state and the second

	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC				YGIENE EG. NO.	13033
	1. DECEDENT'S NAME (First, Middle, Last)	- Crai	11/011			2. DATE OF D	DEATH DAY YE	ar 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/6·369658	1 🗆 M 2 🗸 F		IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B		BIRTHPLACE (State or Foreign Journal) VIRGINIA
TOR TOR	9a. FACILITY NAME (If not institution, give so ON SUM RESIDENCE OF DECEDENT	ers Hasp	pital	Bal	times	Cita	9c, COUNTY	OF DEATH
DIRECTOR	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LOCAT	TION .			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100 STREET AND MIMBER			101	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
핗	901 Payson Stre	12. WAS DECEDENT EVER		13. WAS DEC	ENDENT OF HISPANI	IC ORIGIN? (S	pecify Yea or No.— 14.	RACE — American Indian,
BY FL	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES, GIVE WAR OR			cify/Cuban, Mexican NO Specify:		i, etc.)	Black White, etc.
	15. DECEDENT'S EDU- (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	SUAL OCCUPATION TO THE MODEL O	ON st of working	16b. KIN	D OF BUSINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Domes	rk done during mo retired.) t.i.c	•			
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	17. FATHER'S NAME (First, Middle, Leat)		Domes	010	16. MOTHER'S NAM	AE (First, Middle	a, Maiden Surname)	
BE C	Edward Cousins	3			India	Whit	e	
10	19a. INFORMANT'S NAME (Type/Print)						City or Town, State, Zip Coo	
-	Bernadine Harp	Y		Maine		altin	ore, MD	21207
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from State	20b. PLACE OF OISPOSIT				20c. LOCATION — City	ACTO SHEET
	4 Donation 5 Other (Specify)		Baltimore	22. NAME A	onal Cer	M =	ttor Funo	ce, Maryland
	· Verm	Il Ba	les	2501 Balt	Gwynns imore,	Fall Mary	s Parkwa and 212	y 16
	23. PART I. Enter the diseases, or a shock, or heart fellure.			t enter the mo	de of dying, such	es cerdiac	or respiratory arrest	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	. RE	PVZATOS	7	Y2288	1		Onset and Death
_	_	SE	S CONSEQUENCE OF					
흔	Sequentially list conditions,	DUE TO OH A	S A CONSEQUENCE OF					
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF)					
ᇤ	reaulting in death) LAST	d.						
C	PART II. Other significant condition	ns contributing to deati	h but not resulting in	the underlyin	g cause given in	Part I. 24	. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
18			• • • • • • • • • • • • • • • • • • •				PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC						''	_ 123 2 _ 110	OF DEATH?
			-			_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF OEATH (Che	ock only one)		
\Si	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/0		OTHER: United Horizont	ne 5 🗆 Residence	6 Other (Sp	oscify)	
	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJUF (Month, Day, Yea	RY 26b. TIME INJU	RY WO	JURY AT ORK? YES 2 NO	28d. DESCRI	BE HOW INJURY OCCUR	ED
TED BY	2 Accident investigation 3 Suicide 6 Could not be determined	28s. PLACE OF INJU- building, etc. (S	JRY — At home, farm, st Specify)	met, factory, offic	0		N (Street and Number or i wm, State)	Rural Route Number,
COMPLET	00000	ICIAN: To the best of my kr						ause(a) and memor as stated,
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	PUTA U	~)		29c. LICENSE NUN	HBER (1)	29d. OATE S	IGNEO (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)		, ,		
	31. DATE FILED (Month, Day, Year)	11. REGUSTRAR'S S	IGNATURE					

xaminer must be notified at once.	TO BE COMPLETED	
nd, or tear 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: MEDICAL CERTIFICATION	

										1	
	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPA CERTI					IENTAL HYGIE REG. N	_	91	19836
	1. DECEDENT'S NAME (First, Middle, Last)	phia	C	תני	NIK			2. DATE OF DEATH	ULY19	1991	TIME OF DEATH
	0 1 -/ /-	SEX 6. AGE	(In yrs. lest birthde	MONTHS	R 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	00	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		03	9b. CIT	Y, TOWN C	R LOCATIO	ON OF DEA			NTY OF DEA	
OR O	117 LEXINGTON RO	AD			-	BEL	A	IR	1	HAR H	FORD
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. C	ITY, TOWN	OR LOCAT	ION				10	od. INSIDE CITY
		RFORD		BE	LAII	2				1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 117 LEXINGTON R	OAD			101	zip codi 2	1014			S. A	AT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 2 YES IF YES, GIVE WAR OR	2 XNO	13.	If yes, spe	ecity Cuba		C ORIGIN? (Specify), Puerto Ricen, etc.)	es or No—	14. RACE — Black, V Specify:	- American Indian, Yhita, etc. WHITE
	15, DECEDENT'S EDUCAT	ION	18a. DECEDENT	'S USUAL (OCCUPATIO	ON .		16b. KIND OF B	USINESS/IN	DUSTRY	WILLEL
COMPLETED	(Specify only highest grade cor Elementary/Secondary (0-12)	College (1-4 or 6+)	ille. Do NOT	of work done use ratired.		al of workin	g				
MP	NA	NA	I	PRESS	ER	Constitution of	0.00			FACTOR	XY
S	17. FATHER'S NAME (First, Middle, Last) MICHAEL BOGDAN							NE (First, Middle, Maid GIZA	n Surname)		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRES	S (Street a	nd Number	or Rural A	oute Number, City or To	own, State, Zi	p Code)	
임	PHYLISS CUDNIK (DG							BEL AIR	MAR	YLAND	21014
	20s. METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	i from Stata	other place) ST. STAI							ORE, M	, Stata IARYLAND
	21. BIGNATURE OF FUNERAL SERVICE LICEN	SEE SELL		22		LMUNE	K FU	NERAL HOLLANE, BA			21213
	23. PAHL Enter the dieeeses, or con shock, or heart feliure. Lie			o not ente							Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Oldas	20								Onset and Death
z	6 b.	Multi	A CONSEQUENCE	730	hus	ers	mec	ve fai	cun	ws	trokes
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Uncone	Lolled 1	huse	0			11 -		SCVI	
TIFI	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE	976	A	1		di	. 0		
CEH	d	dever 1	Jegen		me	fo	end	aisan	se		
CAL	PART II. Other significant conditions	contributing to deeth	0	ig in the c	inderlyIn	ceuse :	given in i	PERF	ORMED?	A	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL	hydroceol	alus	1 10	JUNG	ace (Ple	suc	1 🗆 YES	2 NO	0	F DEATH?
N.	0	E. W. Jero, E. Jon									
CIA		IOSPITAL:	0.8	ОТНЕ	ER:	1/	EATH (Che	ock only one)			
HYS	1 YES 2 NO 1	28a, DATE OF INJUR		1 4 🗆 N	reing Hon 28c. IN.	URY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOT	V INJURY O	CCURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year	,	INJURY M	1 🗆	YES 2	□ NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S		m, street, fa	ctory, offic	•		28f. LOCATION (Stre City or Town, Ste		er or Rurei Roo	ite Number,
COMPLETED		AN: To the best of my kn	owledge, death occ	urred at the	time, data	and place	, and due	to the cause(s) and r	nenner as st	nted.	
SOM	one) 2 MEDICAL EXAMINER:	On the basis of axamina	tion and/or investig	ation, in my	opinion, o	leath occu	red at the	time, data and place,	and dua to	the cause(a) i	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF PERTIFIER C.	Sun, n	· D.			29c. LIC MD	D C	1BER 018779	29d. DA	Fuly	Month, Day, Year) 19, 19/
2	30. NAME AND ADDRESS OF PERSON WHO			(ma Drint)			_		-	1	

C. Sun, M.D. MD D WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Sun, M.D. 1800 Harford Rd. fallston

32. REGISTRAR'S SIGNATURE ha Davidson

REBS OF PERSON W

bert 31. DATE FILED (Month, Del), Year) 2 3 1991

DHMH-10 Rev 1/89

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4

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w requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

ean signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should of Health and Memai Hygiene prior to bunal, cremation, or removal. in 22 hows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN TO THE FUNERAL DIRECTOR. After this find be filed within 72 hours after death with IMPORTANT: If Item 28 is marked up

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / DEPAR CERTIF	RTMENT OF I	DEATH AND	MENTAL HYGIEN		٠.		,
	1. DECEDENT'S NAME (First, Middle, Last) John	W.		Dix		2. DATE OF DEATH	MY	YEAR 3. TO	IME OF DEA	ATN
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	E 180000 A 1000	7 2			:49	Рм
	214-03-3946	1 (X) M 2 🗆 F	87 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		. BIRTHPLAC Countryl		Foreign
	9a. FACILITY NAME (If not institution, give	street and number)	0/	9b CITY TOWN	OR LOCATION OF D		903	Mary I	and	
S	Key Medical Cen				more Ci		9c. COUNT	T OF DEATN		
5	RESIDENCE OF DECEDENT					- 1				
E		14	10c. CIT	Y, TOWN OR LOCA					INSIDE CIT	γ
LD	Maryland 100, STREET AND NUMBER				ltimore	City			YES 2	
RA	4106 Erdman	Avenue		10	f. ZIP CODE	1010	1	N OF WHAT		
FUNERAL DIRECTOR	11. MARITAL STATUS		EVER IN U.S. ARMED	12 480 000		1213		ted S		
F	1 Never Married 2 Married	FORCES? 1 [YES 2 X NO	If yes, sp	ecify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No 14	I. RACE — Ar Black, Whit	nerican Ind la, etc.	len,
ВУ	3 Widowed 4 Divorced			1 1 163	2 X NO Specif	y:		Specify:	Whit	:e
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of	USUAL OCCUPATION Work done during mose retired.)	ON ost of working	16b. KIND OF BU	SINESS/INDUS	STRY		
ZE	Elementary/Secondary (0-12)	College (1-4 or 5+)								
OME	17. FATHER'S NAME (First, Middle, Last)		Sal	esman						
Ö	Not Known		Dix	,	18. MOTHER'S NA	ME (First, Middle, Maiden				
BE	19a. INFORMANT'S NAME (Type/Print)			•	and Number or Primi	Route Number, City or Tox	Known			
5	Marcia J. Andre	WS	511	9 Albert	ta Avenue	e Baltimo			236	
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Ran	and the same	20b. PLACE AND DATE	OF DISPOSITION (Na	nme of		CATION — CIT			
	4 Donation 5 Other (Specify)	noval from State	Gardens	of Faith	7/25	- 110	ltimor			d
	21. SIGNATURE OF FUNERAL SERVICE L	Milton			D ADDRESS OF FA	CHITY	imore,			
	Melton	Knisi	KAT.		rd J Rug	ck, Inc.	5305 H	arfor	4 Doa	4
CERTIFICATION	23. PART I. Entar the diseases, franck, or haart fellura. IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in daeth) LAST	a. Arterios oue TO (0 b	CR AS A CONSEQUENCE OF	rdiovaso	cular Dis	sease			Approxim Intervel 8 Onset an	Batween
PHYSICIAN: MEDICAL	PART II. Other algolificent condition	na contributing to do	eath but not resulting i	n the undarlying) ceuse given in	Part I. 24a. WAS AN PERFOF	IMED?	COMP OF DE	AUTOPSY F ABLE PRIOR PLETION OF (EATH? YES 2	CAUSE
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF OEATN (Che	eck only one)				
YS!	1 YES 2 NO	1 Inpatient 2 E	ER/Outpetient 3 DOA	OTHER: 4 Nursing Home	5 Residence	8 Other (Specify)				
F	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF IN (Month, Day,		E OF 28c. INJ		28d, OESCRIBE HOW I	NJURY OCCUR	RED		
B	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆 Y	ES 2 NO					
	3 Suicide 8 Could not be 4 Homicide datermined	28s. PLACE OF I building, at	INJURY — At home, farm, a c. (Specify)	treet, factory, office		281. LOCATION (Street a City or Town, State)	and Number or i	Rural Route N	umber,	
	200 OCENTIFIED									
COMPLETED	(Check only 1 CERTIFYING PNYS	ICIAN: To the best of m	y knowledge, death occurre minetion and/or investigation	d at the time, date n, in my opinion, de	and place, and due both occured at the	to the cause(a) and mar time, date and place, en	ner as stated. d due to the c	ause(a) and n	nanner aa a	stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE		4		29c. LICENSE NUM		29d. DATE SI	IGNEO (Month	, Day, Year)	
0	months 12	wether			O.C.M.E.		▶ Jul	y 22,	1991	
	30. NAME AND ADDRESS OF PERSON WH Margarita A. Kon		of OEATH (ITEM 27) (Type, 111 Per:n		timore, N	/d.21201				
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR								

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	置	岩	filed	20
	TO THE HOSPITAL OF THE PROPERTY. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL IN THE PARTY CATE AND EAST LAST SHOWN BY THE ATTENDING Physician and completely filled in by the funeral director, sade 5 should be of	2	IMPORTANT: If him 28 is maked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at or

_	1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPA CERTIF	RTMENT OF	F HEALTH AND OF DEATH	MENT.	AL HYGIEN REG. NO		1 19838
	1. DECEDENT'S NAME (First, Middle, Last	_	DES	SELL		MOI	uly 2	AY 10	3. TIME OF DEATH 91 3:01 P
	4. SOCIAL SECURITY NUMBER 213-01-3307-D	5. SEX 6. A	85 vss.	IF UNDER 1 YE		7 DAT	TE OF BIRTH		BIRTHPLACE (State or Foreign Country) MARYLAND
NO.	94. FACILITY NAME (If not institution, give FRANKLIN SQUARE				VN OR LOCATION OF			9c. COUNT	TY OF DEATH
5	RESIDENCE OF DECEDENT							Daili	more County
DIRECTOR	MARYLAND 106. COUN	COUNTY	10c. Cl	TY, TOWN OR LO	OCATION -				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 5612 LEIDEN ROAD				10f. ZIP CODE 2120	6		_	S. A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 XINO	If yes	DECENDENT OF HISI , specify Cuben, Mex YES 2 10 NO Spe	ican, Puert	RIN? (Specify Yes o Rican, etc.)		14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a, DECEDENT'S (Give kind of life, Do NOT u	USUAL OCCUP work done during ise retired.)	ATION most of working	10	66. KIND OF BU	SINESS/INDU	
교	NA	NA	HOMEM	AKER			OWN H	OME	
BE CON	17. FATHER'S NAME (First, Middle, Lest) CARMEN GIRARDI						, Middle, Malden PHILL	,	
TO B	190. INFORMANT'S NAME (Type/Print) MARGARET L. NOR	RIS (DGHTR)	196. MAILING 1273	ADDRESS (Str.	RN AVENU	E, MI	mber, City or Tow	n, State, Zip C	MD. 21220
	20a. METHOD OF DISPOSITION 1 XI Burlel 2 Cremation 3 Rei 4 Donation 5 Other (Specify)	moval from State	206. PLACE AND DATE	OF DISPOSITION	(Name of CEM)	ETERY	TE 20c. LO		ty or Town, State
	21. SIGNATURE OF FUNEAUX SERVICE L			SCHI	MUNEK FU	FACILITY NERAL	HOMES	, INC.	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	bDUE TO (OR A	S A CONSEQUENCE O	F):					Onset and Deal
MEDICAL	PART II. Other algolificant condition	d.	n but not resulting	In the underl	ying ceuse given i	in Part I.	24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Check only o	one)		
PHYSICIAN:	1 TES 2 NO	1X3 Inpetient 2 ER/O	utpetient 3 🗆 DOA	OTHER:	Iome 5 🗆 Reeldenc	6 🗆 Oth	er (Specify)		
ву рн	27. MANNER OF DEATH 1 Netural 5 Pending Privestigation	28e. DATE OF INJUR (Month, Day, Year		JURY	INJURY AT WORK? YES 2 NO	28d. DE	EŞCRIBE HOW II	JURY OCCU	RED
0	3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJU building, atc. (S	RY — At home, term, pecify)	street, factory, o	ffice		CATION (Street a y or Town, State)	nd Number or	Rural Route Number,
COMPLETE		BICIAN: To the beat of my kn							Cause(a) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE		1 0 . 4		29c. LICENSE NI	UMBER			HIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON WILL AAron Green MD.					-	237		- / / /
	31. DATE FILED (Month, Day, Year)	Julia Davidson	GNATURE						

3. TIME OF DEATH

1	31	7
BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Page hours after heart with the State Dect. of Health and Memal Hydrere prior to burial, cremation, or removal.
O.O. BOX 68760,	certificate be executed within 24	nding physician and completely fill Hymene onor to bunal, cremation
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	JAN: The law requires that the death	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it have after death with the State Dent of Health and Mental Hymere prior to build, cremation, or removal.
DIVISION OF	OR ATTENDING PHYSIC	DIRECTOR: After this ce

	1. DECEDENT'S NAME (FIRST, MIDDIRE, LIST 4. SOCIAL SECURITY NUMBER	AVINA to	ASINTLE (E (In yrs. last birthday)	F UNDER VEAR IF UNDER 24	2. DATE OF MONTH.	1 "13 1	BIRTHPLACE (Stote of	P	
	047-14-9377 9a. FACILITY NAME (If not institution, give	1 M 2 F	68 YAS. M		Dec	Day, Year) 19 1922 C	Country) Onnecti y of DEATH		
DIRECTOR	DAINETHY OF PRESIDENCE OF DECEDENT	110001	Upital 10c City.	Baltimore TOWN OR LOCATION			10d. INSIDE C	CITY	
BE COMPLETED BY FUNERAL	Maryland 100. STREET AND NUMBER			timore		10g. CITIZE	LIMITS? 1 X YES 2 N OF WHAT COUNTRY	□ NO	
JNERA	1928 Harlem A	12. WAS DECEDENT EVER	IN U.S. ADMED	2121		U. (Specify Yea or No.— 1)	S. A.	Indian,	
BY	1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES? 1 TYE	S 2 MNO DATES	It yes, specify Cuban, I 1 _ YES 2 _ NO	en, etc.)	Black, White, etc. Specify: Bla	ck		
LETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use i	k done during most of working ethed.)		UND OF BUSINESS/INDU			
_	17. FATHER'S NAME (First, Middle, Last) William Terry	College	Clerk			alvation dde, Maiden Surname)	Army		
	19a. INFORMANT'S NAME (Type/Print) Carlvin I. Fa			DORESS (Street and Number or Harlem Ave	Rural Route Number		010		
	20a, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Re	amoval from State	20b. PLACE AND DATE C	F DISPOSITION (Name	OATE	20c. LOCATION — CI	ly or Town, State		
	A Donation 5 Other (Specify) MD Veteran Cem/Garrison 7/17 Owings Mill 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral 2501 Gwynns Falls Parkway Raltimore, Maryland 21216								
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS	S A CONSEQUENCE OF:		Cancer		Onset	and De	
MEDICAL CER	PART II. Other algorificant conditions of the parties	ions contributing to deeth Mellitos	but not resulting in	the underlying cause giv		24s. WAS AN AUTOPSY PERFORMED 1 YES 2 NO	24b, WERE AUTOP AMAILABLE PF COMPLETION OF DEATH? 1 YES 2	OF CAUS	
PHYSICIAN: MEDICAL CEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF OEA OTHER:					
ву РНУ	27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Yea	Y 26b. TIME	OF 28c, INJURY AT	28d. DE\$0	DESCRIBE HOW INJURY OCCURED			
ETED E	3 Suicide 6 Could not 4 Homicide determined	building, etc. (S	JRY — At home, farm, str pecify)	eet, factory, office	251, LOCA City of	TION (Street and Number of Town, State)	r Rural Route Number,		
COMPLE	CONSULT ONLY	YSICIAN: To the best of my kn INER: On the basis of examins						aa state	
BE	296. SIGNATURE AND TITLE OF CERTIF	Brick me	D. Junio-M	ed Reigest	SE NUMBER	29d. DATE	SIGNED (Month, Day,	(bar)	
	30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Time I	Print)	0				
TO BE	Andrew H. Zwi	CK M.D. \$516	y 322	Greene St.	Bultin	one mo	21201		

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TO THE HOSPITAL	TO THE FUNERAL	THE STATE OF	MPORTANT: If Item
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JUL 23 1991

Jangastrans signature

COMPLETE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated.									
0	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28s. PLACE OF INJURY — At home, farm, atreet, factory, office 28s. LOCATION (Street and Number or Rural Route Ni City or Town, State)									
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME (28d. DESCRIBE HOW INJU	RY OCCURED				
IYSICI,	1 TYES 2 NO	The state of the s			OTHER: 4 Nursing Home 5 Residence 8 Other (Specify)					
AN:										
MEDICAL					1 🗆 YES 2 🗆	COMPLETION OF CAL				
CAL C	PART II. Other significant condition	na contributing to death b	ut not reaulting in	tha undarlying cause givan	In Part I. 24s. WAS AN AU PERFORME					
ERTIF	that initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):							
ERTIFICATION	Sequantially flat conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury c.									
N	DUE TO (OR AS A CONSEQUENCE OF):									
	IMMEDIATE CAUSE (Final disease or condition resulting in daeth) s. Advance Ca al Stancel Onset and E									
		complications that caused. List only one cause on a	i tha daath. Do no ach lina.	t antar the mode of dying,	such as cardiac or respirat	ory srrest, Approximate Interval Bets				
	Februar	O Klipe		LEROY O. I	OYETT & SON	FUNERAL HOME AVENUE 21207				
	1.0 Burlel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify) KING MEMORIAL PARK 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									
	2100 WOODLAWN DRIVE BALTO., MD 21									
TO B	19a. INFORMANT'S NAME (Type/Print)	•		DDRESS (Street and Number or Ru						
C	17. FATHER'S NAME (First, Middle, Last)	?		18. MOTHER'S	NAME (First, Middle, Maiden Sur	mame)				
OMPLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use	ਵਿਚਸ ਦੇਖੋ. j						
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION te completed)	16a. DECEDENT'S U	dc done during most of working	166. KIND OF BUSIN					
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 ANO	If yes, specify Cuben, Ma 1 ☐ YES 2 X NO Sc	xican, Puerto Rican, etc.)	Black, White, etc. Specify: BLACK				
UNER	2100 WOODLAW	12. WAS DECEDENT EVER I	N U.S. ABMED	2120	D7 SPANIC ORIGIN? (Specify Yea or	USA No. 14. RACE — American Indian				
AL	10a. STREET AND NUMBER		101. ZIP CODE	LTIMORE COUNTY 1 VES 2 W N 101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY?						
DIRECTO	10a. STATE 10b. COUN	TY	10c. CITY,	TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?						
TOR	BALTIMORE COUNTY GENERAL HOSP BALTIMORE COUNTY									
	215-32-0380 9s. FACILITY NAME (If not institution, give		2 YRS.	9b. CITY, TOWN OR LOCATION O	5/16/190	9 VIRGINIA 9c. COUNTY OF DEATH				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HE	(Month, Day, Year)	8. BIRTHPLACE (State or Fore Country)				
1	REGINA	FERNAI	UDEZ		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Sundering on stresson an
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, 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)

JUL 2 3 1991

	1. DECEDENT'S NAME (First, Middle, Last) LILLIAN G	GERLA	CH			*	2. DATS-0	F DEATH DA	7 10	3.1	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 506-07-1092	5, SEX	8. AGE (In yrs. lest bir	thday) IF UNDER MONTHS		IF UNDER 24 HRS. HOURS MIN.	7. DATE 9 (Month)	F BIRTH Day, Year)	12	Country) Nebras	E (State or Foreign
OR	90. FACILITY NAME (If not institution, give a St Joseph		1	9b. CITY,		SON	EATH			alto	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		Towsor	TY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 ☐ YES 23€ NO			
FUNERAL	100. STREET AND NUMBER 114 Linden Terrac		101. ZIP CODE 21204					10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMET YES 2 XNO AR OR DATES	1	f yes, spec	NDENT OF HISPAN city Cuben, Mexica 24 NO Specifi	n, Puerto Ri			A RACE — A Black, Wh Specify: White	merican Indien, ite, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	(Give kind		"S USUAL OCCUPATION of work done during most of working use retired.) Tarv			166. KIND OF BUSINESS/INDUS			lm.
E COM	17. FATHER'S NAME (First, Middle, Last) Jacob Gettman					18. MOTHER'S NA Anna St	ME (First, Mi			32	
TO B	190. INFORMANT'S NAME (Type/Print) John Gerlach, Jr					errace,					
	20b. METHOD OF DISPOSITION 1 Sol Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cametery, cremetory or other place) Wyuka Cemetery 7/24/91 Lincoln, Ne										
	21. SIGNATURE OF FUNERAL SERVICE LIC	S B	wobs 2	²² F	NAME AND	Towson York Rd	Funer				
	23. PART I. Enter the diseees, preshock, pr heert feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a.		2	the mod	le of dying, auc	th as cerdi	ec or respi	ratory arre	at,	Approximata interval Batwo Onset and De
CERTIFICATION	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	OR AS A CONSEQUE								
	PART II. Other aignificant condition	d	death but not real	uiting in the un	derlying	ceuse given in	Part I.	24a. WAS AN			RE AUTOPSY FINDA
MEDIC		PERFORMED? 1 YES 2 NO AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH? 1 YES 2 NO						IPLETION OF CAUS DEATH?			
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2 Examiner 3 DOA 4 Nursing Home 5 Residence e Other (Specify)										
AN	1 VES 2 NO	AN- DATE OF		86. TIME OF INJURY	M 1 YES 2 NO				OW INJURY OCCURED		
BY PHYSICIAN:	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF (Month, De		8,84							
PHYSICIAN	27. MANNER OF DEATH 1 Neturel 5 Pending Investigation 3 Suicide 6 Could not be determined	(Month, De	F INJURY — At home, etc. (Specify)		ory, affice		City o	r Town, State)		or Rural Route	Number,

DHMH-18 Rev 1/89

	1	it. Pages	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MAR				EALTH AND I		HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	MARTHA	AN	N G	ROSS		2. DATE OF MONTH	OEATH DAY	YEAR 91	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER : 21 2-10-2259	GE (In yrs. lest	YRS. MON	MONTHS DAYS HOURS MIN. (Month)			of Birth 3/12/93 a. BirthPLACE (State or Forbign Country) Virginia				
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 1 iberty Medical Center Baltimore Besidence of Decedent										
BY FUNERAL DIRECTOR	Maryland Maryland				un or Local	re				10d. INSIDE CITY LIMITS? 1 XYES 2 NO	
	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF WAR 101. ZIP CODE 109. CITIZEN OF WAR 101. ZIP CODE U. S.								A.		
	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	ER IN U.S. ARI YES 2 N OR DATES	MED O	If yes, sp	ENDENT OF HISPAI ecify Cuben, Maxics 2 NO Specif	(Specify Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) High School 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) HOmemaker										
BE CO	17. FATHER'S NAME (First, Middle, Last) Robert Carey ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY ROBERT CARY										
2	199. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eleanor Richard 1617 W. North Ave. Baltimore, MD										
	20e. METHOO OF CISPOSITION 1 (XBurlei 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF CISPOSITION (Name of cemetary, crematory or other place) Arbutus Memorial Park 7/25 Baltimore Co., N									Co., MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes I 2501 Gwynns Falls Parkway Baltimore, Maryland 21216										
	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR	AS A CONSEC	ULMON	anter the mo	ARRES	ch as cardia			Approximata interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. PROB. MYCEROIAL INFECTION DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death) LAST	d					- I				
MEDICAL	PERFORMED? 1 YES 2 NO							a. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
IYSIC	EXAMINER? 1 YES 2 NO 1 Inpatient 2 REP/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 25e. DATE OF INJURY 25b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED										
BY PI	1 Netural 6 Pending (Month, Day, Year) INJUI				M 1 🗆	WORK? 1 VES 2 NO			JUNI OCCURED		
ED	3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Route Number,		
COMPLET	29s. CERTIFIER (Check only one) 29s. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29s. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.										
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	1/ Kgr	4			29c. LICENSE NU	JMBER	29d. D	ATE SIGNE	Month, Day, Year)	
F	30. NAME AND ADDRESS OF PERSON W	/ /	F DEATH (ITE			CALT				1	

32, REGISTRAN'S SIGNATURE,

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ITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after dea	JOR: After this certificate has been signed by the attending physician and completely filled in by the fu	
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	1 - FOR STATE OF MA	RYLAND / DEPART CERTIFI	MENT OF HEALTH	AND MENTAL HYGIE		19843
	1. DECEDENT'S NAME (First, Middle, Last)	n m n 1 d		2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATN
	Ernestine Eva. 4. SOCIAL SECURITY NUMBER 5. SEX 6.	AGE (In yrs. last birthdey)	FUNDER 1 YEAR IF UNDER	07 20		М
	213-34-1039 1 M 2 K	55 YRS.	MONTHS DAYS HOURS	Min. (Month, Day, Year) 09/20/1	Cou	THPLACE (State or Foreign intry) 7 irginia
Œ	2211 N. Ellamont St		9b. CITY, TOWN OR LOCATI		9c. COUNTY OF	DEATN
유	RESIDENCE OF DECEDENT		Baltimo	re		
DIRECTOR	10a. STATE 10b. COUNTY		TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
	MD	F	Baltimore			XXYES 2 NO
FUNERAL	10e. STREET AND NUMBER		10f. ZIP COD	E	10g. CITIZEN OF	WHAT COUNTRY?
NE	2223 N. Ellamont St,			21216		USA
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT E FORCES? 1 FYES, GIVE WAR	YES 2 NO	13. WAS DECENDENT O	OF HISPANIC ORIGIN? (Specify 1 in, Maxican, Puerto Rican, etc.) Specify:	Bla	CE — American Indian, lick, White, atc.
日日	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		SUAL OCCUPATION ork done during most of working	16b, KIND OF B	USINESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use	retired.)		ployee	for
MP	9 years 17. FATHER'S NAME (First, Middle, Last)	Custo		Ci	ty Muni	cipal
	Ernest Hinton		18. MOT	HER'S NAME (First, Middle, Melde	•	
BE	19a. INFORMANT'S NAME (Type/Print)	10h MAII ING 4	DODGES (Street and Muselon	Mabel Knig or Rural Route Number, City or R	ht	
٩	Evangeline E. Wiggins					21216
	20a. METHOD OF DISPOSITION	20b. PLACE AND DATE OF	DISPOSITION (Name of	ont St, Bal	OCATION — City or	ZIZI6
	1 X Buriel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)	Weste	rn Star Ce	em. 7/24/91		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AND ADDRES	SS OF FACILITY		
	Esment R Terrel	1-	Nutter I	Funeral Hom ynns Falls	es, Inc	. 21216
	23. PART I. Enter the diseases, or complications that	used the death. Do no	t enter the mode of dy	ng, such ea cardiac or rea	piretory erreat.	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	on eech line.	Sprande	2225	b	Interval Between Onset and Daath
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	AS A CONSEQUENCE OF):	12			
C	PART II Other significant conditions contribution to de					
MEDICAL	PART II. Other significant conditions contributing to de	ath but not resulting in	the underlying cause g		DRMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					
SICI	EXAMINER? 1		OTHER:	EATH (Check only one)		
PHYSICIAN:	27. MANNER OF GEATH 28s. GATE OF INJ	URY 28b. TIME	OF 28c, INJURY AT	sidence 6 Other (Specify) 28d. OESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 2 Could not be 28s. PLACE OF IN	JURY — Al home, farm, atr	WORK? M 1 YES 2] NO		
ETED	6 Could not be determined building, etc.	(Specify)	aut, factory, office	281. LOCATION (Street City or Yown, State		Route Number,
COMPLET	29a. CERTIFIER (Check only One) 2 MEDICAL EXAMINER: On the basis of axam	knowledge, death occurred nation and/or investigation,	at the time, data and place, in my opinion, death occur	and due to the cause(a) and med at the time, data and place, a	enner as atated. and due to the cause	(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER		1)2	NSE NUMBER	29d. DATE SIGNE	D (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATN (ITEM 27) (Type, P	3502	W WEEVE	JAZK	6 BAM
	31. DATE FILEO (Morth, Day, Year) 32. REGISTRAR'S JUL 23 199 Julia 1	SIGNATURE WILLIAM				
	11000					DHMH-16 Rev 1/80

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death	fune	жэш
after	y the	cai
SINC	in b	peu
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Tours after death. Page 6 may be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page has find within 70 hours after death with the State Deot, of Health and Mental Hydrene orior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
thi	stely mat	1, 1
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	1 - FOR STATE REGISTRAR	STATE OF MARYL				EALTH AND I DEATH		NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEA			3. TIME OF DEATH
	ARGAREE BELK	HICKEY					MONTH -	22 -	9/	0027 1
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER	YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	Н	8. BIRT	THPLACE (State or Foreign
	216-40-0268	1 🗆 M 2 🖭 F	75 YRS.	MONTHS	DAYS	NOURS MIN.	(Morith, Day, Y	3 1916	TEX	
	9a. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN O	R LOCATION OF DE			OUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	trmy Hospi-	FAL	FOR	+	Mende.	Md	A	NNE A	ARUNDEL
SE C	10a. STATE 10b. COUNTY	1	10c, Cr	TY, TOWN O	R LOCATI	ION				tod. INSIDE CITY LIMITS?
ä	MD ANN	E ARUNDEL		GLEN	BURN	NIE				1 YES 2 NO
AL	10e. STREET AND NUMBER			<u>.</u>	10f.	ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
FUNERAL	8919 PARK SOUTH	DRIVE				21061		11	.S.A.	
S	11. MARITAL STATUS	12. WAS DECEDENT EVER	N U.S. ARMED			ENDENT OF HISPAN		Ify Yea or No-	- 14. RAI	CE - American Indian,
	1 Never Married 2 Married	FORCES? 1 YES				city Cuban, Mexica 2 X NO Specify		lc.)		eck, White, etc.
BY	3 Widowed 4 Divorced					**				WHITE
	15. DECEDENT'S EDU (Specify only highest grade		18a. DECEDENT	S USUAL OC work done d	CUPATIO	N st of working	16b. KIND (OF BUSINESS/	INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT	use retired.)						
MPI	12		HOMEMA	KER			OWI	1 HOME		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middle, I	Asiden Surname))	
BE (OSCAR M.	BELK				ELLA			FOOTE	3
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street as	nd Number or Rural I	Route Number, City	or Town, State,	Zip Code)	
F	FRANK L. HICKEY		P.O.	BOX 1	95	Glen Bu	rnie, MI	210	50	
	20a, METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram	ovel from State	b. PLACE OF DISPO	OSITION (Nan	ne of cen	netery, crematory or	2	Oc. LOCATION	— City or	Town, Stata
	4 Donation 5 Other (Specify)	NI	CHOLS B	ETHEL	UNI	TED METH	HODIST	ODENTO	N, M	D
	21. SIGNATURE OF FUNERAL BERVICE LI	ENSEE	-			D ADDRESS OF FA		4.T2		
	· LISTE	the				ETON FUNI			DATE	WD 01061
	23. PART I. Enter the diseeses, pr	complications that cause	d the death. Do							MD 21061
		List only one ceuse on e						,		interval Between
	iMMEDIATE CAUSE (Finel diseese or condition	. Acute	Mus.	100	1	-	face	t' 241		Onset and Death
	resulting in deeth)	a. ACUIC	A CONSEQUENCE	ARO	AL	110	JAILC	1/0/0		11/2 day
		DUE TO (OR AS	A CONSEQUENCE	OF):						
O	Sequentielly list conditions,	b. DHE TO (OR AS	A CONSEQUENCE	O.F.						
ATI	if any, leeding to immediate ceues. Enter UNDERLYING	202 10 (011 143 1	A CONSEQUENCE	or).						j
) -	CAUSE (Diseese or injury	C. DUE TO (OR AS	A CONSEQUENCE	OFI:						-
Ē	that initiated events resulting in deeth) LAST			. ,.						
CERTIFICATION		d								
- 1	PART ii. Other significent condition	e contributing to death i	but not resulting	in the un	derlying	ceuse given in	Part I. 24a. V	AS AN AUTOP	BY 2	4b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
MEDICAL								YES 2 NO		COMPLETION OF CAUSE OF DEATH?
AEC.										1 YES 2 NO
4: 3							_			
A	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH (Ch	eck only one)			
Sic	EXAMINER?	HOSPITAL:	patient 3 🗆 DOA	OTHER		e 5 🗆 Residence	8 Other (Speci	fv)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. T	ME OF	28c. INJ	URY AT	28d. DESCRIBE		OCCURED	
	1 Natural 5 Pending	(Month, Day, Year)		NJURY M		RK? YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJUR		, street, facto	ory, office		28f. LOCATION		nber or Runs	al Route Number,
COMPLETED	4 Homicida 8 Could not be	building, etc. (Spe	ocity)				City or Town	, State)		
E	29e. CERTIFIER	ICIAN: To the head of	uladaa daatti			and alcon to a con-	to the second	nd mr==	oded : A	
MP	one)	ICIAN: To the best of my know ER: On the beals of examination								els) and manner se stated
8				in my O						
BE	29b. SIGNATURE AND THE OF CENTIFIE	calle non-	Ma			29c. LICENSE NU	MBER	29d.	DATE SIGNI	ED (Month, Dey, Year)

29b. SIGNATURE AND THE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KACH DEPT of MEdicine

ARQUINZON, 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

Juia Davidson-Randall

23 1991

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPIDAL OR ATTENDING PHYSICIAN. The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettlied at once.

TO BE

31. DATE HUE (Manh, goy.

SZAREGIETRAR'S SIGNATURE
WHE DEVISION-HANDER

	FOR 1 - STATE REGISTRAR	STATE OF MARY			F HEALTH AND I		YGIENE G. NO.	}1	9845
	1. DECEDENT'S NAME (First, Middle, Last) Bever (y , /	MARRI		S HARR	ISON	2. DATE OF D	DAY	YEAR 3.	2:50 PM
	4. SOCIAL SECURITY NUMBER 2/6-0/-8890	5. SEX 1 M 2 D F 77	E (in yrs. lest birthday) YRS.	IF UNDER 1 YE		7. DATE OF BI (Morth, Day APRIL		Country)	ACE (State or Foreign YLAND
TOR L	ST. JOSEPH'S HOSE			-	NN OR LOCATION OF O	EATH		INTY OF DEAT BALTIM	
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND		10c. CIT	BALT IN					M. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5042 ERDMAN AVE.				101. ZIP COOE 21205		1 1 1 1 1 1 1 1 1	U.S.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	If yes	DECENDENT OF HISPAI I, specify Cuben, Mexico YES 2XX NO Specif	n, Puarto Rican		14. RACE — Black, W Specify:	American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) NA		ilfe. Do NOT u	work done durin	PATION g most of working		OF BUSINESS/IN	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Lest) BEVERLY HARRISON	1				AME (First, Middle ETH BLA	, Maiden Sumame) DES		
10 8	19a. INFORMANT'S NAME (Type/Print) RICHARD B. HARRIS	SON (SON)			THER DR.,				
	20e METHOD OF CISPOSITION 1. Surial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	20b. PLACE AND DAT of cemetary, cremator PARKWOO!			DATE	20c. LOCATION -	- City or Town	
	21. SIGNATURE OF FUNEBAL SERVICE LI	ENSEF		SCHI	MUNEK FUNDABLES OF FA	ERÁL HO			21213
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that cause List only one cause on							Approximate Interval Between Onset and Death
Z	Sequentially list conditions,	· Kn	S A CONSEQUENCE O	on	-				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		S A CONSEQUENCE (
ERTIF	that initiated events resulting in death) LAST	d.	S A CONSEQUENCE O	OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant condition	ne contributing to deet	n but not reaulting	In the under	tying ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 1 NO	0	PERE AUTOPSY FINDINGS WALLABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	heck only one)			
	1	1 Inpatient 2 ER/O 28a. DATE OF INJUR (Month, Day, Yea	Y 28b. TI	4 Nursing ME OF 286	Home 5 Residence - INJURY AT WORK? YES 2 NO	1	ecify) BE HOW INJURY O	DCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, specify)	street, factory,	office	25f. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural Rou	ite Number,
COMPLETE	one)	ICIAN: To the best of my kn							and manner as stated.

	ges 1, 2, 3 should		
physician.	Certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
or aftending	use as the		
he hospital o	detached for		once.
retained by t	5 should be		notified at
e 6 may be	rector, page		must be
ir death. Pag	he funeral dir	al.	examiner
24 hours after	filled in by ti	on, or remov	he medical
cuted within	d completely	un'al, cremati	lic event. t
ificate be exe	physician an	ene prior to b	her trauma
he death cert	the attending	Mental Hygic	niury, or of
SECIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or aftending physician.	en signed by	of Health and	d. or fem 23 shows any linux, or other traumatic event, the medical examiner must be notified at once.
: The law r	cate has be	State Dept.	Hem 23 s
G PHYSICIAL	ar this bertiff	th with the	arked or
R ATTENDING	RECTOR: Afte	urs after dea	m 28 ls m
HOSPITAL O.	FUNERAL DI	within 72 ho	TANT If he
THE CH	TO THE	be filed	IMPOR

PEVENERI S HAME (F)	First, Middle, Last)					F DEATH	2. DATE OF				3. TIME OF DEATH
BABY	BOY		JONES				07	0.0		YEAR	1:30 P
4. SOCIAL SECURITY NU	JMBER	5. SEX 1 M 2 F	8. AGE (In yrs. le	yrs.	IF UNDER 1 YEAR		7. DATE OF (Month, D	lay, Year)	1991	a. BIRTH Countr	HPLACE (State or Foreign ry)
	INS HOPE	treet end number) KINS HOSP	ITAL			N OR LOCATION OF C			9c. COUN		DRE CITY
RESIDENCE OF D 100. STATE MD	10b. COUNT	BALTIMORE	Ξ		Y, TOWN OR LO	CATION CE, MARYLA	AND				10d. INSIDE CITY LIMITS? 1 2 YES 2 NO
10e. STREET AND NUMB 2228 E.		TREET		357		10f. ZIP CODE 21213			10g. CETE	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2		If yes,	DECENDENT OF HISPA specify Cuban, Mexic (ES 2. NO Spec	an, Puerto Rici		or No—	Black	E — American Indian, k, White, etc. #V: BLACK
15. 0 (Specify Elementary/Secondary	DECEDENT'S EDU only highest grade ry (0-12)	ICATION a completed) College (1-4 or 5		ECEDENT'S Give kind of le. Do NOT u	USUAL OCCUP: work done during se retired.)	ATION most of working	16b. Ki	IND OF BUS	BINESS/IND		
17. FATHER'S NAME (First		HARDY				18. MOTHER'S N	AME (First, Mid A JONE		Surname)		
199. INFORMANT'S NAME LATONYA	E (Type/Print) A JONES		1			RA STREET					ND 21213
20e. METHOD OF DISPO 1 Burial 2 Cremi 4 Donation 5 🗵 Ot	ation 3 🗆 Ren	noval from Stale			E OF DISPOSITI	ON (Name HOSPITAI	7/91		CATION —		own, Siste MARYLAND
21. SIGNATURE OF FUNE	ERAL SERVICE LI	CENSEE									
					22. NAME	AND ADDRESS OF F	ACILITY				
23. PART I, Enter the	e diseases, pr	NS HOSPIZ	at caused tha d		60	00 N. WOLI	E STRI		iratory arr	reat,	
23. PART I, Enter the	e diseases, or or heart failure. (Finel	e. DUE TO	at caused tha d	EOUENCE C	MATO	00 N. WOLI	E STRI		iratory arr	reat,	Approximate interval Betwee Onset and De 23 we
23. PART I. Enter the ahock, o ahock, o ahock, o disease or condition resulting in death) Sequentially list con if any, leeding to imcause. Enter UNDER CAUSE (Disease or that initiated events	e diseases, or or heart failure. (Finel) high time in the control of the control	e. DUE TO d. DUE TO	to caused that cau	EOUENCE C	MATO	00 N. WOLI	FE STRI		AUTOPSY BMED?		Onset and De
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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1. DECEDENT'S NAME (First, Middle, La: WILL AND	New York	DINER			بارح	MC	ATE OF DEATH DON'TH DON	MY O 1	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER 426-03-2240	5. SEX		yrs. lest birthday) YRS.	IF UNDER 1 YEAR		s. 7. D/	TE OF BIRTH		Coun	
	e street and number)				OR LOCATION OF	F DEATN			MIS	SISSIPPI
MD DECEMENT 10b. COU	NTY			Y, TOWN OR LOC LTIMOF		TY		1.1		10d. INSIDE CITY LIMITS? 1XXVES 2 NO
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17. FATHER'S NAME (First, Midgle, Last) WILL JOINER						ELL	at, Middle, Maiden A DUG			
190. INFORMANT'S NAME (Type/Print) E. DELORES	HARVEY				and Number or R					21215 IMORE, M
		20b. PL	LACE AND DATE	OF DISPOSITION (Nama of	0	ATE 20c. LO	CATION -	City or Tr	nun Cinto
20a. METHOD OF DISPOSITION Disposition 3 Record Comments 1 Comments 1 Comments 2 Commen		_ GA	RRISON	FORE	ST VET	. CE	M. OWI		-	LS, MD.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 150A 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign With Carolina 1 M 2 PF 9b. CITY, TOWN OR LOCATION OF DEATH BE COMPLETED BY FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10c CITY, TOWN DR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Mary 1 DES 2 NO 100. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 HO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Sp If yes, specify Cubarl, Mexican, Puerto Rican, 1 YES 2 W Specify: 14. RACE — Ame Black, White, 1 Neger Married 2 Merried IF YES, GIVE WAR DR DATES 3-Widowed 4 Divorced 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of willige. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) -048-CO 17. FAPRER'S NAME (First, Middle, Last) 19h MAJLING ADDRESS (Str ETHOD OF DISPOSITION 20b. PLACE OF D n 5 0 4 Donati 23. PART I. Enter the d ions that caused the death. Do not so shock, gr val Betw Onset and Death IMMEDIATE CAUSE (Final rohop/ woner disease or condition resulting in death) DUE TO (OR AS A CONSEQUENÇE OF): Was on aar 5 PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 DINO 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA me 5 - Residence 6 - Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNEB OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, facto building, atc. (Specify) 3 Sulcide 6 Could not be COMPLETED 4 Homicide CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. IGNATURE AND TITLE DE CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 386 91 9 MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 97) (Type, Pripr) 2 111 21093

132, REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should

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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MA		ARTMENT OF HEA FICATE OF D		REG. NO.	7 !	19849
	1. DECEOENT'S NAME (First, Middle, Last)				DATE OF OEATH	, ,	3. TIME OF DEATH
	ROLAND JA'R	VIS			07 2	0 9	7 6:33P, m
		AGE (In yrs. last birthda			ATE OF BIRTH Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
	215-12-5147 ^{1⊠ M 2 □ F}	72 YRS	MONTHS DAYS H	Jones I IIII.		919	Virginia
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN OR E			9c. COUNTY	
DIRECTOR	St Agnes Hospital		Baltin	nore			
ñ	10a. STATE 10b. COUNTY	10c. (CITY, TOWN OR LOCATION				10d. INSIDE CITY LIMITS?
5	Maryland	В	altimore				1XXYES 2 NO
AL.	10e. STREET AND NUMBER	•	10f. ZI	CODE		10g. CITIZE	OF WHAT COUNTRY?
FUNERAL	3246 Tioga Parkway			21215		U.	S. A.
5	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMEO		DENT OF HISPANIC OF		or No- 14	. RACE — American Indian, Black, White, etc.
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	World W						Black
H	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	T'S USUAL OCCUPATION of work done during most o	f working	18b. KIND OF BUS	INESS/INDUS	TRY
4	Elementary/Secondary (0-12) College (1-4 or 5 +)		T use retired.)) (D G] '	D	1 14 / D 2
COMPLETED	Jr High Sch	Pip	e Fitter				lding/Drydoc
	17. FATHER'S NAME (First, Middle, Last)		11	. MOTHER'S NAME (F			
BE	Allen Jarvie	I		Mellie			
2	19a. INFORMANT'S NAME (Type/Print)		ING ADDRESS (Street and				
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may in	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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	1. DECEDENT'S NAME (First	Middle, Last)						- DEA		2. DATE OF DEATH			. TIME OF DEATH
			rank J.	Kuska Sr	•					7 21		91	м
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPI Country)	LACE (State or Foreign
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	304 Lion	S Hear	t Gien			GI	en 1	Burni	.e		Ann	e Aru	indel
DIRECTOR	10e. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION				1	Od. INSIDE CITY
	Maryland 10e. STREET AND NUMBER	Ann	e Arunde:	L	G1	en B	-						☐ YES 2 🔣 NO
RA							101	. ZIP COD					AT COUNTRY?
FUNERAL	304 Lion:	s Hear	12. WAS DECEDEN	IT EVER IN U.S. ARI		13.	WAS DEC		061 OF HISPAN	IC ORIGIN? (Specify Yes		J.S.A.	
BY F	1 Never Married 2 3 3 Widowed 4 Divo		IF YES, GIVE	YES 2 N	0		If yes, sp	ecify Cube	n, Mexical	n, Puerto Ricen, etc.)		Black, Specify:	- American Indian, White, etc.
	Just a section of the	EDENT'S EDU	CATION	Les per									White
ETE	(Specify only Elementery/Secondary (0	r highest grade	completed) College (1-4 or 5	(GI	ve kind of	Work done se retired.)	during mo	ON ast of working	ng	16b, KIND OF BUS	INESS/INC	DUSTRY	
APL	Living in 17.500 ondary (0	-12)	College (1-4 or 5		ip W	righ	t.			Civi1	Serv	ice C	oast Guard
COMPLETED	17. FATHER'S NAME (First, M.	iddle, Last)						18. MOTI	HER'S NAI	ME (First, Middle, Melden	Sumame)		
BE			ohn Kusk										
0	Frank J. K		Tee							loute Number, City or Town			
	20e. METHOD OF OISPOSITE)r.	20b.PLACEA				art (Hen			City or Town	
	1 N Buriel 2 Cremetio		oval from State	cametery, cree	netory or o	ther place							
	21. SIGNATURE OF FUNERAL			. /	V.L.V.	22.	NAME A	NO ADDRE	SS OF FAC	CILITY			
	· Jeco	ne	Fremu	south		1,				nce Funera hie Hwy. E			A. Md. 21225
	23. PART I. Enter the di shock, pr he	sesses, or o	omplications the	t caused the de	eth. Do i	not enter	the mo	de of dy	ing, such	ss cerdiac or respir	ratory sri	rest,	Approximeta
	IMMEDIATE CAUSE (Fin	el				Α.	-	+					Interval Between Onset and Daath
	resulting in death)	→	a. (QACIO	AU MON	WILLIAM O	111	063	21					
z			a Cardio DUE TO	De Car	Ton	. \.	Die	400	0				
TIO	Sequentially list conditi if any, leeding to immed	diete	DUE TO	(OR AS A CONSEO	UENCE 9	7):	0 10	2000					
2	cause. Enter UNDERLYI CAUSE (Disesse or inju		. Hype	tension	UENCE Q								
CERTIFICATION	that initieted events resulting in death) LAS		arteri	asclount	VENCE O	andi	010	ש ערו	lan	Dicean	^		
	PART II Other significa	nt condition	a contribution to	doub but									1
EDICAL	PART II. Other significe	in condition	s contributing to	deeth but not re	sulting	in the un	derlying	g cause (given in I	Part I. 24e. WAS AN A PERFOR		A	VERIE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE
ED										1 TES 2	MO	0	F DEATH?
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PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE OF O	EATH (Che	ck only one)			
IYSI	1 VES 2 NO		1 Inpatient 2		DOA	OTHER	ing Hom	-	sidence	8 Other (Specify)			
	Natural 5 🔲	Pending	26e. OATE OF (Month, D		28b. TIM INJ	E OF URY	-	URY AT PIK? PES 2	1 40	28d. DESCRIBE HOW IN	JURY OC	CURED	
) BY	2 Sulaida	nveatigation Could not be	28e. PLACE O	F INJURY — At hor	ne, ferm, :	street, fect			100	28f. LOCATION (Street e	nd Number	or Rural Rou	ite Number,
E		letermined	ounding,	atc. (Specify)						City or Town, State)			
COMPLETED	29e. CERTIFIER CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, dea	th occum	ed at the ti	me, date	end place,	end due	to the cause(s) end men	ner se atat	ed.	
NO.	one) 2 MEDI	CAL EXAMINE	R: On the besis of e	xamination end/or in	weatigatio	n, in my o	pinion, d	eath occur	ed at the t	lime, date end place, end	due to th	e cause(s) e	nd menner as stated,
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	NO.	N				29c. LICE	NSE NUM	ВЕЯ	29d. DAT	E SIGNED (M	fonth, Day, Year)
2	30, NAME AND ADDRESS OF	DEBSON AND	COMPLETED CALL	SE OF DEATH (ITEM	AT (T	Oden		7)	LLS	347	17	122	191
	T T	Mom	son MI	29102	Par-	Print)	47	D.	+0+	LM -	21	110	
	31. DATE FILEO (Month Day)	761	/ A2. RACISTR	P's signature	2		01,	TU	<u>uci</u>	3) 110	-1-		
	JUL ZO 18	131	77										

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law includes the the death certificate by executed within 24 ho	TO THE FUNERAL DIRECTOR: After this certificate has been supported by the process of some and completely filled	9	IMPORTANT: If Item 28 Is marked, or Item 23 shows any injury, or other traumatic event, the m
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	DEATH AND	MENTAL HYGIEN		13001
175	1. DECEDENT'S NAME (First, Middle, Last, JOHN JOSEPH					2. DATE OF DEATH	MY 18 4.1	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-05-8298 96. FACILITY NAME (if not institution, give	1 0 M 2 D F	(In yrs. lest birthday) 7 (e YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTN (Month, Day, Year) APRIL 17	C	INTERPLACE (State or Foreign ountry) ARYLAND
OR	UNION MEMORIAL	P. Committee of the com		BALTI				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	TY		TY, TOWN OR LOCA				10d. INSIDE CITY
	MD. 100. STREET AND NUMBER			BALTIMOR 10	f, ZIP CODE		10g. CITIZEN	1 TYES 2 NO OF WHAT COUNTRY?
FUNERAL	3315 ELMLEY A	VENUE			2121	3	US	
BY	11. MARITAL STATUS 1 Neyer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: WHTTF.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S (Give kind of	B USUAL OCCUPATI work done during ma use retired.)	ON ost of working	16b. KIND OF BU	JSINESS/INDUSTI	
APLE	Elementary/Secondary (0-12) N/A	College (1-4 or 5+) N/A		FOREMAN			CITY H	IGHWAYS
	17. FATHER'S NAME (First, Middle, Last)	KOCH				AME (First, Middle, Malder E MCKENNA	n Sumeme)	
BE (JOHN BERNARD 19a. INFORMANT'S NAME (Type/Print)	KUCH	19b. MAILIN	G ADDRESS (Street		Route Number, City or To	wn, State, Zip Cod	ie)
5	CATHERINE KINTE					ENUE, BALT		
	20a. METHOD OF DISPOSITION 1 17 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		b. PLACE AND DAT cometary, cremator CARDEN		*		ALTIMORE	
	21. SIGNATURE OF PUNERAL SERVICE I	JCENSEE	CHIDEN	22. NAME A	ND ADDRESS OF F	UNERAL HOM	E INC.	Md. 21213
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Watabo		eido sin	ode of dying, su	ch as cardiac or res	viratory arrest,	Approximate Interval Between Oneet and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	· Clostria	A CONSEQUENCE (Bute	Ente	escolits	-	usknan
MEDICAL	Part II. Other algolificant conditions of the part of	ons contributing to death	_	in the underlyir	ng ceuse given in	Part I. 24a. WAS A PERFC	ORMED?	ALL WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	MARK LINES	OTHER:	LACE OF DEATH (C			
HYS	1 TYES 2 NO 27. MANNER OF DEATN	1 1 Impatient 2 ER/Ou 29h. DATE OF INJURY	>6b. TI	ME OF 28c. IN	JURY AT, A	S Other (Specify) 28 DESCRIBE HOW	INJURY OCCUR	ED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		- N	A M 10	YES 2 NO	NA		
	3 Suicide S Could not b	building, etc. (Sp		, street, factory, offi	ce	261. LOCATION (Street City or Town, State	t end Number or R	tural Route Number,
COMPLETED	one)	SICIAN: To the best of my kno						ruse(a) and manner as stated.
B	90b. SIGNATURE AND TITLE OF CERTIF	L. Dibos	Succen	fendat	29c, LICENSE NU	JMBER	29d. DATE SH	GNED (Moreth, Day, Year)
2	LUIS DIDOS A	TO ZO L	DEATH (ITEM 27) (TY)	ersity	PKing	Balti MD	2121	8
	31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIG	MATURE And 102		-			

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	REGISTRAR	STATE OF MARY		ATE OF DEAT	Н	REG. NO.	21	19852
1. 0	Glenn H	Lowry	,		2. OATE MONT	FOR DEATH DAY	/ YE	3. TIME OF GEATH
2	SOCIAL SECURITY NUMBER 943-26-3436 B. FACILITY NAME (If not institution, give	1 🗖 2 🗆 F	TI YRS.	F UNDER 1 YEAR IF UNDER 2 ONTHS DAYS HOURS b. CITY, TOWN OR LOCATIO	MIN. (Mont	of BIRTH th, Day, Year)		BIRTHPLACE (State or Foreign Country) Outh Carolin
0.00	Baltania Go	General to	tasp	Baltim			Ba	
DIB	M. STATE 10b. COUNT	TY =====		altimore			O TION	10d. INSIDE CITY LIMITS? 1 PYES 2 NO
L RA	310 Wash		pla	101. ZIP CODE 21 3	225		US	A
3 0	. MARITAL STATUS Never Merried 2 Amerried Widowed 4 Olivorced	12. WAS DECEDENT EVER FORCES? 1 TY YE IF YES, GIVE WAR OR WORLD WAR	S 2 NO	13. WAS DECENDENT OF	, Mexican, Puerto		No- 14.	RACE — American Indian, Black, Whita, etc. Specify American Indian
	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of working retired.)		b. KINO OF BUSIN		
17. (FATHER'S NAME (First, Middle, Last)	1 year	Superv			Steel Middle, Meiden Su	rname)	
190	la. INFORMANT'S NAME (Type/Print)	Martin L. La		DDRESS (Street and Number	Cammie or Rural Route Num		CK1ea State, Zip Co	
2	Clara M. Lowry	7		shburn Avenu				yland 21225
15	De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Rec Donation 5 Other (Specify)	moval from State	Lumbee Mei	None of cometery, cremo Morial	etory or			or Town, State
	SIGNATURE OF FUNERAL SERVICE L	n Zvani		George	J. Gonce			
		Complications that cous List only one couse on						Approximete Interval Setw
IM dia res	ahock, or heart fellury	a. Control one cause on DUE TO (OR A) DUE TO (OR A)						Approximete Interval Betw
IM did rei	ahock, or heert fellum MMEDIATE CAUSE (Finel Issess or condition southing in death) Sequentially list conditions, I eny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events	a. Company one cause on DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF	enter the mode of dyla	ng, such as ca		UTOPSY	Approximete Interval Betwoonset and Donset a
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OHMH-15 Rev 1/89

	1. DECEDENT'S NAME (First, M	odle, Last)	E R		AW7					2. DATE OF C	EATH DAY	1 6	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs. I		IF UNDER 1		IF UNDER		7. DATE OF B	URTH			ACE (State or Foreign
	214 30 743		1 🔀 M 2 🗌 F	78	YRS.		DAYS	HOURS	MIN.	1/28/			Mary	land
æ	9s. FACILITY NAME (If not instit								ON OF DEA				TY OF DEA	TH
DIRECTOR	Harbor Hos	DENT	Center			Bal	tin.	ore	C:	ity				
E I		Bb. COUNTY				Y, TOWN OF		ION						od, INSIDE CITY LIMITS?
	Maryland 100. STREET AND NUMBER	====	====		l Ba.	<u>ltimo</u>	_	. ZIP COD	E			10g. CITIZ		YES 2 NO
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ED		ENT'S EDUC		16a. I	DECEDENT'S	USUAL OC	CUPATIO	DN		16b. KIN	D OF BUS	INESS/INDL	ISTRY	White
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	17. FATHER'S NAME (First, Midd		remiah	Lawton				18. MOT	HER'S NAM	Mary				
H	19s. INFORMANT'S NAME (Type		Lemian		19b. MAILING	ADDRESS	(Street s	and Numbe	r or Rumi R	oute Number, C			Codel	
2	Mary Lawton					E. Pat								land 21
	20s. METHOD OF DISPOSITION		wel from State		E ANO DAT	E OF DISPO	SITION			DATE		CATION - C		
	4 Donetion 5 Other (S	pecify)		- Mead	dowri	dae Me	emo	rial	Park	7-24	Ba1	timor	e. Ma	aryland
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0	1 TYES 2 NO		1 Anpatient 2		3 🗆 DOA	4 🗆 Nursi	ing Hon	JURY AT	ssidence (8 Other (Sp 28d, DESCRI		HILIBY OCC	IIDEN	
IYSIC	27 MANNER OF DEATH		(Month,	Day, Year)	IN	JURY	W	YES 2	□ NO	260. DESCHI	BE NOW II	NJOHT OCC	ONED	
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Per													
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TED BY	1 M Natural 5 P P 2 Accident Im 3 Suicide 6 C C H Homicide de 29s. CERTIFIER (Check only 1 CERTIF	vestigation build not be riermined	28e. PLACE building	of my knowledge,	death occur	red at the tir	me, data	and plac		City or R	own, State)	nner as state	ıd.	-
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TO THE HISPITAL OR ATTENDIAN PETERDAY. The secretificate the death certificate be executed within 24 hours after death. Page 6 may be	TO THE RACEPAL INFECTION AND INTERCEMENTAL PARTY SIZE DESCRIPTOR SIGNED by the attending physician and completely filled in by the funeral director, page has fine the funeral director, page to the fine prior to burial, cremation, or removal.	IMPORTANT If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be
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1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO	E	
1. DECEDENT'S NAME (First, Middle, La Nadine	∞) Matilda Le	chiara			2. DATE OF DEATH	ğ ğ	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 168-26-8053	1 □ M 2 💢 F	(In yrs. last birthday) 7 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		933 P	ennsylvania
9e. FACILITY NAME (If not institution, gi				more Ci		9c. COUNTY	
10a. STATE 10b. COU	Itimore	300	WSON	TION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
106. STREET AND NUMBER 1567 Putty Hi	II Avenue		101	21204			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 1 NO	If yes, sp		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fy:		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S (Give kind of w life. Do NOT us Housev	vork done during mo e retired.)		166. KIND OF BU	siness/indust	RY
17. FATHER'S NAME (First, Middle, Last) Joseph	Kosmatir	ne		16. MOTHER'S N.	AME (First, Middle, Malden	_	ew
19a. INFORMANT'S NAME (Typo/Print) Kimberly Weav	ver, Daughter				Route Number, City or Tow re Court, S		
20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 F 4 Donation 5 Other (Service 21. SIGNATURE OF FUNERAL SERVICE)	Removal from State	b. PLACE AND DATE cemetary, crematory letro_Cre	ematory 22. NAME A	7. ND ADDRESS OF F	/20/91 Cate	eld,	e, MD 21228
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	- END-	A CONSEQUENCE OF	E RE	AILURI	E/SEP	SIS	20 day
CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d. HYPE	A CONSEQUENCE OF	SION	/GLOI	NERUKO	NEPH	IRITIS
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25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28, P OTHER:	LACE OF DEATH (C	heck only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 28a. DATE OF INJURY	28b. TIM	E OF 28c, IN.	JURY AT	6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
1 Abjetural 5 Pending Investigati 3 Suicide 5 Could not determine determine	be 28e. PLACE OF INJUR building, atc. (Spi	Y — At home, farm, s	M 1 🗆	YES 2 NO	281. LOCATION (Street City or Town, State		Sural Route Number,
CONSTRUCTION OF THE PARTY OF TH	HYSICIAN: To the best of my know						suse(a) and menner as stated.
296 SIONATURE AND TITLE OF CERT	TIHYU/P	GY-I/	M.D.	29c. LICENSE N	IMBER	29d. DATE SI	GNEO (MONTH, Day, Year)
30 MAME AND ADDRESS OF PERSON	WRITAN	HOSP	(Print)	OF M	D;BA	打了	IORE, MC
JUL 23 1991	Julia Davidson	- Matter					

Pages 1. 2, 3 should

DIRECTOR

FOR STATE REGISTRAR

MD

1. DECEDENT'S NAME (First, Middle, Last)

DOROTH

5. SEX

Baltimore

1 M 2 KF

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MPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 years 17. FATHER'S NAME (First, Middle, Last) William Edward Lowrey 19a. INFORMANT'S NAME (First, Middle, Last) George Lehr III 2pa. METHOD OF DISPOSITION 11 Burlet 2 Cremetion 3 Removal from State 4 Donestion 9 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseasea, or complications that cancel, or heart feiture. Liet only one cause IMMEDIATE CAUSE (Final disease or condition resulting in death) 2 Never Married 2 Merried 12. WAS DECEDENT FORCES? 12. WAS DECEDENT FORCES? 12. WAS DECEDENT FORCES? 12. WAS DECEDENT FORCES? 15. Yes, GIVE WAR 15. DECEDENT FORCES? 1	YES 2 OR DATES 16a. 16a. 20b. PLA of cemet Mt.	DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire HOUSEW! 19b. MAILING ADDR 9131 Si CE AND DATE OF D tary. crematory or oth Olive	if yes, sp 1 YES COCCUPATION OCCUPATION OF PINCE SSPOSITION OF PINCE OCCUPATION OF PINCE OCCUPATION OF PINCE OCCUPATION OF PINCE OCCUPATION	16. MOTHER'S NAM Marga and Number or Rural F AVENUE (Name etery ND ADDRESS OF FAM SON Fun Loch F	ME (First, Middle, aret Haras Balt; DATE: 17/25 CILITY LEVALUM 18
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TO BE COMPL	10 years 17. FATHER'S NAME (First, Middle, Last) William Edward Lowrey 19a. INFORMANT'S NAME (Type/Print) George Lehr III 20a. METHOD OF DISPOSITION 1 Suriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. PART I. Enter the diseasea, or complications that canock, or heert fellure. Liet only one cause immediate CAUSE (Final disease or condition resulting in death) a.	20b. PLA of cemet Mt.	Housewi 19b. MAILING ADDR 9131 Si ICE AND DATE OF D Lary, crematory or oth Olive	ESS (Street of mms asposition of place) Ceme 22. NAME A John 8521	Marga Avenue Ave	Baltipare 17/25
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BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	JURY		1ER: Nursing Hor 28c. IN W	PLACE OF DEATH (Ch	
ETED	3 Suicide 8 Could not be 4 Homicide datermined	NJURY — A: c. (Specify)	t home, farm, street,	factory, offi	ce	28f. LOCATION City or Tox
COMPLE	20e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my one) 2 MEDICAL EXAMINER: On the basic of example of exam					
Ö W	29b. SIGNATURE AND TITLE OF CERTIFIER	100		-	29c. LICENSE NUI	MBER
2						1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Baltimore

IF UNDER 24 HRS.

WSON

101. ZIP CODE

6. AGE (In yrs. last birthday)

2. DATE OF DEATH MONTH 07 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. White OF BUSINESS/INDUSTRY at Home Maiden Surname) aymire or Town, State, Zip Code) 21234 more, MD Bc. LOCATION — City or Town, State Randallstown, . MD 21204 Home Balto., MD Blvd. Approximata interval Between reapiratory arrest, **Onset and Death** juea e MAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 TES 2 NO HOW INJURY OCCURED (Street and Number or Rural Route Number, n, State) ace, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) N Charles St.

DHMH-18 Rev 1/89

31. DATE FILED (Month, Day, Year)

JUL 23 1991

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TO BE COMF	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after-death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ter death. Page 6 may be retained by the hosp	TO THE HOSPITAL OF ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp

Julia Durdson-Mandage

31. DATE FILED (Month, Day, Year)

JUL 2 3 1991

23. PART/. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each state.		Richardine	Funice I	ipper	t				2. DATE OF MONTH 17	DEATH /20/91	,	YEAR	. TIME OF DEATH
Se. COUNTY MAKE (IF NO INCOMENT STATE FORCE Se. COUNTY OF DEATH CACKSINGLE Se. COUNTY OF DEATH PALLIMONE COUNTY PRESIDENCE OF DECORNY BETT INCOMENT BALLIMONE SET OF PRESIDENCE OF DECORNY BETT INCOMENT BALLIMONE SET OF PRESIDENCE OF DECORNY BETT INCOMENT BALLIMONE SET OF PRESIDENCE OF DECORNY BETT INCOMENT BALLIMONE SET OF PRESIDENCE OF DECORNY BETT INCOMENT BALLIMONE SET OF SET									7. DATE OF (Month, D	виятн 7 177 18	000	B. BIRTHPL Country)	ACE (State or Foreign
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198. STREET_AND NUMBERS 198. COUNTY Palt Imore 196. GTT, TOWNORD LOCATION 197. TO A 197. T	RESIDENCE OF DECEDENT				Ca	atons	ville				Ralti	more	County
10. SPECED AND SUBJECT AND SUB	10a. STATE 10b. COUN	"Baltimore		10c. CIT	rv, town c	R LOCAT	Villi	е					LIMITS? X
Section of the process Test Tes	100. STREET AND NUMBER 16 Fusting Aver	nue				10f	ZIP COD	1228			10g. CITIZI		
St. DECEDENT'S SUBJAL OCCUPATION The NAME (Past Mode) (19) To Callege (14 or 5+) To Lings School To Approximate the season of the Name (Past Mode), Last To Lings School To Approximate the Name (Past Mode), Last To Lings School To Approximate the Name (Past Mode), Last To Lings School To Approximate the Name (Past Mode), Last To Lings School To Approximate the Name (Past Mode), Last To Lings School To Approximate the Name (Past Mode), Last To Lings School To Callege (14 or 5+) To Lings School To Callege (14 or 5+) To Lings School To Lings Sc	1 Never Married 2 Married	FDRCES? 1	YES 2	RMED		yea, ap	ecify Cuba	n, Mexicar	, Puerto Rica	Specify Yee o	or No- 1	Black, V	White, etc.
19. INFORMANT'S NAME (Prof. Models, Last) 19. MALING ADDRESS (Street and Number or Plant Route Number (or Form, State) 19. Location 19. INFORMANT'S NAME (Prof. Route Number or Plant Route Number or Plant Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Route Number or Route Rout	(Specify only highest grad Elementary/Secondary (0-12)	de completed)	(G	ive kind of	work done one retired.)	during mo	at of workin	g	16b. Kil	ND OF BUSI	NESS/INDU		
190. MAILING ADDRESS (Street and Number or Fural Fourit Number. City or Town, Stein, Zip Code) 1916 Brookdale Poed Baltimore Maryland 21207 200. NETHOD OF DISPOSITION Committee of Com	17. FATHER'S NAME (First, Middle, Last)							IER'S NAI	AE (First, Midd	le, Maiden Si	urname)		
Part 1916 Brookdale Red Baltimore Maryland 21207		illiam H. Tr											eishear
16 Burlet 2 Cremetion 3 Removal from State 200 PLACE AND DATE OF DISPOSITION Name of 201 200 PLACE AND DATE OF DISPOSITION Name of 201 200 PLACE AND DATE OF DISPOSITION Name of 201 200 PLACE AND DATE OF DISPOSITION Name of 201 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION Name of 200 PLACE AND DATE OF DISPOSITION 200 PLA													
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST ### DUE TO (OR AS A CONSEQUENCE OF): ### DUE TO (OR AS A	21. SIGNATURE OF FUNERAL SERVICE L M22. 23. PART 1. Erter the diseasea, or ahock, or heart failure.	B. C	Caused the	eth. Do r	87	NAME AN	iberty	Foad	Pyers I	Tunera dallst	l Dire	etors	Inc 211
S. WAS CASE REFERRED TO MEDICAL EXAMINERY DESCRIPTION	disease or condition	a. DUE TO	OR AS A CONSE	OUENCE OF	Ms	th	ge	-	20	ml	1		Onset and Dea
1 Ingetterit 2 ER/Outputterit 3 DOA Mursing Home 5 Teatdence 8 Office (Spootly) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 28s. DIATE OF INJURY DIST. TIME OF INJURY WORK? 4 Accident Investigation 28s. PLACE OF INJURY At home, factory, office 28s. PLACE OF INJURY At home, factory, office 28s. PLACE OF INJURY At home, factory, office 28s. PLACE OF INJURY At home, factory, office	disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSECUTION	SUENCE OF	tun ent	The Dic	CRUSE G	l-s		PERFORM	EOT	CO	ERE AUTOPSY FINDINGS RILABLE PRIOR TO MERCETION OF CAUSE
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DHMH-16 Rev 1/89

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ansit permit, Pages 1, 2, 3 should

1	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	91	- 1

	1. DECEDENT'S NAME (First CECILIA)	ION		2. DATE OF DEATH MONTH 2. DAY PEAR 3. TIME OF DEATH 2. 3. PA 2. 3. PA										
	4. SOCIAL SECURITY NUMBER 217-50-5128 5. SEX 1 □ M 2 X F				(In yrs. last birthday) # UNDER 1 YE 4 2 YRS.			IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH h, Day, Year)		BIRTHPLACE (State or Foreign Country) Maryland		
OR	99. FACILITY NAME (II not II CHURCH HO					IMORE	F DEATH Sc. COUNTY OF DEATH							
FUNERAL DIRECTOR	RESIDENCE OF DEC			Y, TOWN O					10d, INSIDE CITY LIMITS?					
IAL D	Maryland 100. STREET AND NUMBER		E	Balt:	10	. ZIP CODE			1 X NES 2 □ NO N OF WHAT COUNTRY?					
Ä	2501 Loyo	la So						21215				S. A.		
B	11. MARITAL STATUS 1 Never Merried 2 X 3 Wildowed 4 Div	EVER IN U.S. ARI YES 2 XN AR OR DATES	MED IO		f yes, sp	ENDENT OF HISP ecify Cuban, Mexi 2 NO Spe	Ican, Puerto		Yee or No— 14. RACE — American Indian, Black, White, etc. Specify: Black					
COMPLETED		DEDENT'S EDU ly highest grade 0-12)		(Gi	ve kind of Do NOT u	work done of retired.)	during mo	ON ost of working			usiness/indus			
MO	17. FATHER'S NAME (First, A	Aiddle, Last)		1 50	CLC	car	у	18. MOTHER'S				ncc		
Ö	James Car	r						Ruth	Whi	te				
BE	19a. INFORMANT'S NAME (198	. MAILING	ADDRESS	S (Street	and Number or Run			wn, State, Zip Co	ode)		
2	Ruth Whit	6			2801	Woo	nd1	and Av	e. i	Balti	more.	MD 21215		
	20a. METHOD OF DISPOSIT			20b. PLACE	AND DAT	E OF DISP	OSITION					ly or Town, State		
	1 A □ Buriel 2 □ Cremati 4 □ Donation 8 □ Othe		noval from State	of cemetary, MD N	atic	nor other p	Ce.	meterv	7/	18 La	ural,	Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Fune								cal Homes Inc					
	Ver	non	R Ba	ailey			250 Bal	l Gwyn timore	ns F	alls	Parkw	216		
	23. PART I. Enter the cahock, or I IMMEDIATE CAUSE (Fi disease or condition resulting in death)	neert fellure.	a. CAN		01	2 (,			Interval Between Onset and Death		
ICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
ERTIF	that initiated events reaulting in death) LAST d													
MEDICAL	PART II. Other algnific	death but not r	t resulting in the underlying cause given in						AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
MA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)													
Sic	EXAMINER? HOSPITAL: OTHER: OTHER:													
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		Pending Investigation	26e. DATE OF (Month, De		28b. TH	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DE	28d. DESCRIBE HOW INJURY OCCURED				
8	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office bullding, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)										r Rural Route Number,			
OMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e) and manner as stated.													
E E	296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day, Year) 10/7 3 2 2 7/13/91													
F	30. NAME AND ADDRESS I	N BRO	ADWAY	SE OF DEATH (ITE	M 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day	R'S SIGNATURE	NE .											
	1111 9	3 100	1 8.0: K	11. 12	odoffi.									

3760, BALTIMORE, MARYLANI	sted within 24 nours after death. Page 6 may be retained by the hos	completely filled in by the funeral director, page 5 should be detached idal, cremation, or removal.	c event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR A TELEMENT AND INCIDENT. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTION and the certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept, of Health and Mental Hygiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE HOS	TO THE FUN be filed with	IMPORTAN

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPA					MENTAL HYGII		1	19858	
	1. DECEDENT'S NAME (First, Mid	idle, Last)		JEHN TOATE OF BEATT						2. DATE OF DEATH			3, TIME OF DEATH	
	WILLIE	F	Ι.	1	MATTHEWS					19	9I	11:08 PM M		
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In)	yrs. lest birthdey)	IF UNDER 1 Y		IF UNDER	_	7. DATE OF BIRTH (Month, Day, Year)		B. BIRT	NPLACE (State or Foreign	
	217 09 6023		1 □ M 2 🙀 F	8	4 YRS.	MONTHS E	DAYS	HOURS	MIN.	10/15/1		Mai	vland	
m	9a. FACILITY NAME (If not institut		9b. CITY, TO						NTY OF					
ō	NORTH ARUNDE	ATION	GL	EN	BURN	VIE			A.A.	. COUNTY				
DIRECTOR	10a. STATE 10b	10c. CI	TY, TOWN OR	LOCA	TION					10d. INSIDE CITY				
ā	Maryland	Pa	sadena	a						LIMITS?				
IAL	10e. STREET AND NUMBER			10	. ZIP COD	E		WHAT COUNTRY?						
BY FUNERAL	202 Winston Road							21	122		I	J.S.F	۸.	
5	11. MARITAL STATUS 1 Never Married 2 Marr	ried	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13. WA	S DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify n, Puerto Ricen, etc.)	Yes or No-	14. RAC	E — American Indian, k, White, etc.	
BY	3 Widowed 4 Divorced	G 91 / 1	IF YES, GIVE V	MAR OR DATE				5 X NO				Spec		
0	15, DECEDEN			10	Sa. DECEDENT'S	USUAL OCC	UPATH	DN		16b, KIND OF I	USINESS/IN	DUSTRY	WIIICE	
COMPLETED	(Specify only high Elementary/Secondary (0-12)	nest grade	College (1-4 or 5	+)	(Give kind of Ille. Do NOT L	work done duri se retired.)	ing mo	st of working	19					
MP	4th Grade				Seamstress					Shir	Fact	ory		
8	17. FATHER'S NAME (First, Middle, Last) William Lewis							16. MOTI	HER'S NAM	AE (First, Middle, Maid	en Surname)			
BE							Annie							
5	19a. INFORMANT'S NAME (Type/P									oute Number, City or 1				
	Roberta Trib	bull							Pas	sadena, Maryland 21122				
	1 S Buriel 2 Cremetion 3		oval from State	cemetai	ry, crematory or	ther place!					LOCATION —			
	4 Donation 5 Other (Specify) Glen Haven Memorial Park 7-24 Glen Burnie, Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSEE									, Maryland				
	George J. Gonce F								nce Funer	al Ho	me P	.A.		
								1001	Ritc	hie Hwy.	Balti	more	, Md. 21225	
	IMMEDIATE CAUSE /Final											interval Between Onset and Death		
	disease or condition resulting in death)	Arter	Disci	an	2.									
	disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OA): Myo carbit luforctain Due to (OR AS A CONSEQUENCE OA): Myo carbit luforctain Myo carbit luforctain													
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IF	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												<u> </u>	
THE	resulting in death) LAST	L.	1											
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	- I I I I I I I I I I I I I I I I I I I	not resulting in the underlying ceuse given in P					Part I. 24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO				
ED							1 _ YES	2 🗌 NO		OF DEATH?				
Σ.										1 TYES 2 NO				
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO ME	DICAL					28. PL	ACE OF D	EATH /Che	ck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:								
F	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIN			ome 5 Residence 8 Other (Specify) INJURY AT 28d. DESCRIBE HOW INJURY OCCUR						
BY		1 Natural 5 Pending (Month, Day, Year) 2 Accident Investigation						ES 2	NO					
	3 Suicide 6 Could 4 Nomicide determ	Al home, farm,	street, factory,	office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
E		mined									-,			
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.												and manner on class d	
E C	29b. SIGNATURE AND TITLE OF C					,	1							
m	1 aug	100		eer /	4			A 4 . 5	2-66		(Month, Day, Year)			
2	30. NAME AND ADDRESS OF PER	SON WHO	COMPLETED CAUS	RE OF DEATH	(ITEM 27) /Xene	Print)	_	_			1-11	/20/	21	
	PAUL J. YOUNG-HYMAN, M.D./325 HOSPITAL DRIVE, #105/GLEN BURNIE, MARYLAND 21061										ND 21061			
	31. DATE FILED (Month, Day, Year) JUL 2 3 1991 Julia Davidson-Rondesse													

Street Street

BALTIMORE, MARYLAND 21215-0020	irs after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-fransit permit. Pages 1, 2, 3 should in the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funy be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

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CERTIFICATION

MEDICAL

PHYSICIAN:

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF OEATH MONTH 07 ROBERT L. MCGEE 18 1991 9:24 a.m. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Dey, Year) 0 9 - 28 - 12 S SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. BIRTHPLACE (State or Foreign Country) DAYS HOURS MIN 1-XM 2 | F YRS 212-10-1664 78 Se. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Oc. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY BALTIMORE RESIDENCE OF DECEDENT 10b COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY BALTIMORE, CITY 1 XXES 2 NO MD 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? N. MILTON AVENUE 1605 21213 U.S.A 12. WAS OECEDENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: Specify: 3 Widowed 4 Divorced BLACK 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 6th LONGSHOREMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) JOSEPH MCGEE MARY 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) ANNA McGEE 1605 N. MILTON AVE./BALTIMORE, MD.21213 20e. METHOD OF DISPOSITION

X Burlel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State MD. NATIONAL MEM. PK. CEM. LAUREL, MD. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Ellino a low WM.C. MARCH F.H. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximeta shock, or heert failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Fine) valvular heart disease disease or condition Q years resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 NES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF CEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 6 Pending 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER
(Check only one)

3 MENICAL EXAMINED: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(s) and manner ee stated. 296. SIGN TUNE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 7 18 =9890 ENH Idra Con us? 19 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Alan Duncan M.D. 600 N. Wilte Street m) 21705 60 32. REGISTRAR'S SIGNATUR 31. DATE FILED (Month, Day, Year)

Julia Vavidson-Randore

1991

OHMH-16 Rev 1/89

DHMH-15 Rev 1/89

1. DEMICENT'S NAME (First, Mirkdle, Last)

	1. DEMOENT'S NAME (FA			DDTAN MICHAEL						. DATE OF DEATH	3. TIME OF DEATH			
	A COURT OF CHOICE AND	PAUI	BRIAN M. 5. SEX 6. AGE (in yrs. last birtholy)			ICHAE	1			19 9			7.30	
	4. SOCIAL SECURITY NUMBER		1 M 2 F		YRS.	MONTHS E		F UNDER 24	MIN.	(Month, Day, Year)	,	8. BIRTHI Country	PLACE (State or Foreign)	
	217-11-311			19			20001 000			11-23-71	A	MAR'S	LAND	
IOR IOR	DAISY AVE	. AND T				96. CITY, TO	SDOW		OF DEAT	н	//		ImoRE	
DIRECTOR	10e. STATE	10b. COUNT	ΓY	NZ.	10c, CIT	Y, TOWN OR	LOCATIO	N					10d. INSIDE CITY LIMITS?	
	MARYLAND	ANNE	ARUNDEL		PAS	ADENA							1 YES 2 NO	
ERAL	10e. STREET AND NUMBE	R			1		10f. Z	IP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
E	7648 4th S	STREET		127		100	21	122		200	U.S	.A.		
BY FUNI	11. MARITAL STATUS 1 Never Married 2 [3 Wildowed 4 D	100		NT EVER IN U.S., 1 YES 2 WAR OR DATES	ARMED	lf y		ty Cuben,		ORIGIN? (Specify Yes Puerto Ricen, etc.)	— American Indian, White, etc.			
B	15. D	ECEDENT'S EDU	UCATION	16a.		USUAL OCC		.444		166_KIND OF BUSINESS/INDUSTRY				
COMPLET	Elementary/Secondery		College (1-4 or 5	+)	If Do NOT u	work done dur se retired.)	ing most	or woning		(UMBC)	UNI	VERS	ITY OF	
린	12th		2 YRS.							MARYLAND BALTIMORE O				
ő	17. FATHER'S NAME (First,							R'S NAME	(First, Middle, Maiden	Sumame)	1.4			
BEC	PAUL D. MI	CHAEL						DEBOI	RAH A	A. VANSIC	KLE			
	19a. INFORMANT'S NAME	(Type/Print)		TUC	196. MAILIN	ADDRESS (Street and	Number or	Rural Rou	te Number, City or Tow	n, State, Zi	p Code)		
2	PAUL D. MI	CHAEL			7648	4th ST	REE	T PAS	SADE	NA, MD 21	122			
	20a. METHOD OF DISPOS 1 & Burlel 2 Creme	BITION	namel from State			E OF DISPOS		lame		OATE 20c. LC	CATION -	City or To	vn, State	
- 7	4 Donation 5 Ott	ver (Specify)	TOVEL FROM STATE			N MEMO		L PAI	RK	7-22 GL	EN B	URNIE	, MD	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
	SINGLETON FUNERAL HOME 1 SECOND AVE, S.W. GLEN BURNIE, MD													
RTIFICATION	Sequentially list con- if any, leading to im- ceuse. Enter UNDER! CAUSE (Disease or in that initiated events	nediate LYING	c		S A CONSEQUENCE OF): S A CONSEQUENCE OF):									
ш	resulting in desth) L	AST	d											
MEDICAL C	PART II. Other algnif	cant condition	ona contributing t	o death but no	ot resulting	In the und	erlying	cause giv	ven in Pa	PERFO 1 YES	RMED?	246.	WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PLA	CE OF DEA	ATH (Check	k only one)	2.4	10	1'06	
ΙΥS	POPES 2 NO		1	☐ ER/Outpatient	1		-			Other (Specify)	4150	1+1	ULIPA	
ВУ РНУ	27. MANNER OF DEATH 1 Neight 5 Pending Investigation 3 Suicide 2 Pacident 25. PLACE OF INJURY - At home, farm, street, factory, office													
ETED	3 Sulcide 5	Could not be determined	Dalidin	54 A	B-A	TRU	- 1i	PAN	15	LANS	do	WK	E. m.d	
COMPL	(orgonn print)	-				1				o the cause(e) end me me, date end place, e) and manner as state	
BE CC	29b. SIGNATURE AND TY	TLE OF CHATIFI	ERME	NI	-hr	۵.	-	290-LICEN	ISE NUMB	PER /	29d. DA	TE SIGNED	(Month) Day, Year)	
0	30. NAME AND ADDRESS	OF PERSON W	HO COMPLETED CA	USE OF DEATH (TEM 27) (7)7	e, Print)	,5	Co	d.	PA	15	00	maku.	
100	31. DATE FILED (Month, D			PAR'S SIGNATUR		70)		KLIP	40/1	Mad	2	1778	
	006 63	991	" wayd	son-Randa	100					/	110	-	- 1	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO THE HOSPITAL OR ATTRICTOR OF THE Law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending the provided by the hospital or attending the provided by the hospital or attending to attend the provided by the hospital or attending to the provided by the provid	TO THE FUNERAL DIRECTOR A detached for use as the burner is as the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burners named Page	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 I	IMPORTANT: If I

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR		STATE OF I	MARYLANI	D / DEPAR	RTMENT OF	HEALTH	AND	MENTAL HYGIR			
	1. DECEDENT'S NAME (First	t, Middle, Lest)		FL 73 / L		HILL			2. DATE OF DEATN			3. TIME OF DEATN
	DELBER		LEWIS	MOR	RIS				MONTH 7	DAY 21	YEAR 91	9:45 A
	4. SOCIAL SECURITY NUMBER 455-52-27		5. SEX	6. AGE (In yrs	s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTN (Month, Day, Year) Feb. 24			
OR	90. FACILITY NAME (# not in 952 Radclif					96. CITY, TOWN TOW'SO		ON OF DE		9c, COU	NTY OF E	
5	RESIDENCE OF DEC									LIMIL	IIIO	RE COUNTY
DIRECTOR	MD	Balti			1.21	Y, TOWN OR LOCA ISON	TION					10d. INSIDE CITY LIMITS? 1 YES 2 YNO
FUNERAL	952 Radcli		oad			1	2120			10g. CIT		WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	XYES 2	40	It yes, a	CENDENT O	F NISPAN n, Maxica Specify	IIC ORIGIN? (Specify n, Puerto Rican, etc.)	Yas or No—		E — American Indian, k, Whita, atc. #y: White
COMPLETED	(Specify online Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary/Secondary (Control of the Elementary)		College (1-4 or 5	16a	. DECEOENT'S	USUAL OCCUPAT work done during m se retired.)	ION ost of working	g	16b. KIND OF I		WIIIOC	
OMP	12 year 17. FATHER'S NAME (First, M		3 years		Mechan	ical Co			COnst	ructi	on	
BEC	Claude B.		3				W.	inni	e F. Myer	S		
5	19a. INFORMANT'S NAME (1) Barbara M				952 R	adcliff	and Number		alto., MI			
	20a. METNOD OF DISPOSITE Burlel 2 Cremetto	ION In 3 🗆 Rame	oval from State	cemetary	CE AND DATE	OF DISPOSITION (A	ame of		DATE 20c.	LOCATION —	City or To	
	21. SIGNATURE OF FUNERA			Gar	rison	Forest 22. NAME A				rings !	M111	s, MD
	· /ewz	150	augh	>		Johns	on Fu	mera	al Home en Blvd.	Balto)., N	D 21204
	23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in deeth)	eart remure, r	a1	t caused the	line.	F			o aa cardiec or rea		reat,	Approximate interval Between Onset and Deatt
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- thet initiated eventa resulting in death) LAS	diate NG ry	DUE TO	(OR AS A CON	SEQUENCE OF	٦:						
MEDICAL	PART II. Other algnifica	nt condition	a contributing to	death but no	ot recuiting i	n the underlyin	g ceuse g	iven in I	Pert i. 24a. WAS A PERF	N AUTOPSY DRMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
BY PHISICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER	LACE OF DE					
2	1 X YES 2 NO		1 Inpatient 2	ER/Outpetient	3 🗆 DOA	OTHER: 4 - Nursing Hon	10 5 Ras	idence	8 Other (Specify)			
=	27. MANNER OF DEATN 1 Natural 5 2 Accident	Pending mostigation	28a. DATE OF (Month, Did 7-219	injury iv. 16ar) 1. foun	28b. TIMI 1NJ 9:00	URY WO	IURY AT ORK? YES 2	NO	28d. DESCRIBE HOW UNKNOWN	INJURY OCC	CURED	
0	3 Suicide a 🗔	Could not be letermined	28e. PLACE Of building,	etc. (Specify)	home, tarm, a	treet, factory, offic	•		952 Rade	and Number	or Rural R	TOWSON, MD
	4 Homicide XX	POTOTTYNTHOG										
	29a. CERTIFIER (Check only	IFYING PNYSIC	CIAN: To the best of R: On the basis of an	my knowledge,	death occurre	d at the time, date	and place,	and due	to the cause(a) and m	enner as state	e cause(a	
IO BE COMPLEIED BY	29a. CERTIFIER (Check only	IFYING PHYSIC CAL EXAMINER OF CERTIFIER	The basis of an	my knowledge, amination and/	or investigation	n, In my opinion, c	29c. LICER	d at the t	lime, data and place,	29d. DATE	signeo) and manner as stated. (Month, Day, Year) 22, 1991

BALTIMORE, MARYLAND 21215-0020	14 hours after death. Page 6 may be retained by the hospital or attending physician.	s certified to the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	an, or removal.	ne medical examiner must be notified at once.	
DIVISION OF VIAIL THECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE PROPERTY THE PROPERTY OF A CONTRIBUTION OF A STRENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL OF ATTENDING PHYSICIAN THE POSPITAL PHYSICIAN THE POSPIT	TO THE FUNERAL DIRECTOR. After this certifier a completely figure attending physician and completely fi	be med within 72 hours after death with the	IMPORTANT: If item 28 is marked, or learned hours any mury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	RTMENT	OF H	EALTH	AND	MENT		NE 9	15	9862
	1. DECEDENT'S NAME (First, Middle, Last)				·OAIL	- 01	DEA		2. DA	REG. NO	J.		3. TIME OF DEATN
	PAULINE VIRGINI 4. SOCIAL SECURITY NUMBER	A MYERS	6. AGE (In yrs. Is	est hirthday)	IF UNDER	1 VEAR	/E (IMPLE)	1 24 HRS.	07		1 1	991	09:15 A M
	215-34-1199 se. FACILITY NAME (If not institution, give:	1 M 2 K F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	09	onth, Day, Year)	1922	BAL	TIMORE, MD
TOR	G.B.M.C6701 N		S STREE	Ţ		DWS	ON BALTIMORE COUNTY						
DIRECTOR	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN O		ION						10d, INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 16905 YORK ROAD	#2				101	2111		441				HAT COUNTRY?
BY	11, MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 A	RMED NO		f yes, sp	ENDENT Conclety Cube	n, Maxica	in, Puart	GIN? (Specify Ye o Rican, etc.)	e or No-	Specif	•
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Callege (1-4 or 5		ECEDENT'S Give kind of a	USUAL Of work done of retired.)	CUPATIO	ON SI of working	ng	_10	6b. KIND OF BU	ISINESS/IND	WHI	I.E.
OMPL	17. FATNER'S NAME (First, Middle, Last)		Но	mema	ker						Hom	е	
BE C	EDWARD J.		MILLER						De	. Middle, Malder	Μ.	HAI	RE
10	190. INFORMANT'S NAME (Type/Print) Kenneth Myers									mber, City or Tox			21030 le, MD
	20r METNOD OF DISPOSITION 1 Burlal 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	ANODATE	OF DISPOS	TION /Na	me of		DA	91 S	CATION -	City or Tov	rn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	tens	tein	op c	22. 1	NAME AN	CON	SS OF FA	CILITY	J.J. Ha	rten	stei	n Mortuary PA 17349
CERTIFICATION	23. PART / Enter the diseases, or shock or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. RESP OUE TO b. CHROI OUE TO	IRATORY (OR AS A CONSEINOR AS A CONS	FAIL OUENCE OF	URE P: IVE /					rdiac or reap	iratory arr	est,	Approximata Interval Between Onset and Daeth
PHYSICIAN: MEDICAL CE	PART II. Other significant condition	resulting i	n the un	derlying	cauae ç	liven in	Part I.	24s. WAS AN PERFOI 1 YES	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
X I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				_	26. PL	ACE OF D	EATN (Che	ock only o	one)		1	
SIC	t YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		5 🗆 Re	sidence	6 D Oth	er (Specify)			
E	27. MANNER OF DEATN	28a. DATE OF (Month, De		28b. TIMI	E OF	28c. INJU	JRY AT		-	ESCRIBE NOW	NJURY OCC	URED	
B	1 Naturel 5 Pending 2 Accident Investigation 3 Suicide a Could not be	26s. PLACE OF	FINJURY — At ho		М	1 🗌 Y	ES 2	NO NO	28f. LO	CATION (Street	and Number	or Rural Bo	uto Number
ETEC	4 Nomicide detarmined	building,	atc. (Specify)						City	y or Town, State)		or riarei i io	oto Harrison,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ax	my knowledge, de amination and/or i	ath occurre	nd at the tir	ne, data sinion, de	and place, ath occur	and dua	to the ci	ause(s) and mai	oner as state	d. cause(a)	and manner as stated.
W	296. SIGNATURE AND TITLE OF CERTIFIER			-			29c. LICE		IBER				Month, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON WIN	O COMPLETEO CAUS		м 27) (Type. ЦРРЦ					M	212	A / /	11	
	31. DATE FILEO (Month, Day, Year) JUL 2 3 1991	the Davidson	- Mandell	And the second	3 -)		CJF) has	U	110	2100	· ·		

any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATTENDING PHYSICIAN.
TO THE FUNERAL DIRECTOR, After this certifical be filed within 72 hours after death with the Sta IMPORTANT: If Item 28 is marked, or It

31. DATE FILED (Month, Day, Year)
JUL 23 1991

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DIVISION OF VITAL

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF		MENTAL HYGIE		13000			
	1111	CORNOG	/ / / /	750 M		2. DATE OF DEATH MONTH	3	3. TIME OF DEATH 0655PM			
	219-28-8928	1 🗆 M 2 🖫 F	(In yrs. lest birthday) 92 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	8/24/19	398 F	SHITNPLACE (State or Foreign Shirly Perwa			
TOR	9a. FACILITY NAME (If not institution, give aire While Hoff & Cac RESIDENCE OF DECEDENT	EL/	OR LOCATION OF	DEATH	9c. COUNTY OF DEATH						
DIRECTOR	10a. STATE 10b. COUNTY	CECIL	10c. Cl	ELK7	TON			10d. INSIDE CITY LIMITS? 1 YES 2 - NO			
FUNERAL	10e. STREET AND NUMBER 20 Month			921	4.	N OF WHAT COUNTRY?					
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Pidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 (A)NO	If yes, s		PANIC ORIGIN? (Specify loan, Puerto Rican, atc.) soffy:	Yes or No- 14	I. RACE — American Indian, Black, White, etc. Specify:			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	B USUAL OCCUPAT work done during n use retired.)	ION lost of working	16b. KIND OF	Om r	TRY			
BE COM	17. FATHER'S NAME (First, Middle, Last) UNKNOWN		770	036 01	18. MOTNER'S	NAME (First, Middle, Meld 3 KNOWN)					
TO B	190. INFORMANT'S NAME (Type/Print)	idmas	19b. MAJLIN	DIANNE	and Number or Rui	al Route Number, City or	C+ 1	enna 17584			
	20e. METHOD OF DISPOSITION 125 Burlal 2 Cremation 3 CRemov 4 Donation 8 Other (Specify)	rel from State	b. PLACE AND DAT cemetary cremator 7: LION	U. McH.	Cem,	17,1791 7	each i	Bottom, FA,			
	> 1/1/1/4 /	7		Ryn	and address of	Kral Hom	& QUA	RRyville PA.			
	23. PART I. Enter the disease, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	Attended	eclers	Fic He	ode of dying, a	uch as cerdiac or re	spiratory erres	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 KNO	HOSPITAL:	patient 3 DOA	OTHER:	PLACE OF DEATH	(Check only one) ce 8 🗆 Other (Specify)					
ву РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		M 1	JURY AT /ORK? YES 2 NO	284. DESCRIBE NO	al-tracking	Action to the			
ETED	3 Suicide a Could not be detarmined	28e. PLACE OF INJUR building, etc. (Sp	ocify)			City or Town, St	ete)	Rural Route Number,			
COMPLETED	(Check only one) 2 MEDICAL EXAMINER	IAN: To the best of my kno						l. cause(a) and manner as stated.			
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER OF A CONTROL OF PERSON WITH	elik. Par	PIME)	29c, LICENSE	NUMBER 307	≥ 7//	SIGNED (Month, Day, Year)			

DEATH (ITEM 27) (Type, Print)

ELK

12. RECUSTRAR'S SIGNATURE

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DHMH-16 Rev 1/89

TO THE HOSPITAL DR VITEMENT TO THE FUNERAL DIFFERENCE BE filed within 72 hours after of

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may be re	or, page 5		ist be no
h. Page 6	eral directi		miner mi
s after dear	by the fur	removal.	dical exa
iin 24 hour	ely filled in	nation, or i	i, the me
acuted with	nd complet	burial, crer	atic even
N: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	ficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ne State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ir item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
death certif	attending	ental Hygier	ry, or oth
s that the	ned by the	ofth and Mi	any inju
law require	s been sig	ept. of Hea	23 shows
CIAN: The	ertificate ha	the State D	or item
III HASI	S CE	eath with t	marked,
DACTT RO	PECTOR A	ours after d	em 28 is
HOSPITAL (UNERAL D	vithin 72 h	ANT: If II
THE !	TO THE	be filed v	IMPORT

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	FICATE	OF DEATH	R	EG. NO.	100	
1. DECEDENT'S NAME (First, Middle, Lass BABY GI	n .RL	NEAL			2. DATE OF I	DAY 07	YEAR 91	6:37 a
4. SOCIAL SECURITY NUMBER	5. SEX 6	i. AGE (in yrs. lest birthday) YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN. Q	7. DATE OF B (Month, Da		Country)	ACE (State or Foreign
9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF D			UNTY OF DEA	тн
JOHNS HOPKINS	HOSPITAL		BAI	TIMORE CIT	ГҮ		BALTIM	
10a. STATE 10b. COUR	ITY	10c. CI	ITY, TOWN OR I	OCATION			10	d. INSIDE CITY
	BALTIMORE	BA	ALTIMOR	E, MARYLAN	ID			LIMITS? ☐X YES 2 ☐ NO
922 N. CARO				101. ZIP CODE 21213		10g. Cf	MD	AT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 _ IF YES, GIVE WAI	EVER IN U.S. ARMED YES 2 XNO R OR DATES	If y	B DECENDENT OF HISPA os, specify Cuban, Mexic YES 2 NO Speci	an, Puerto Ricar		Black, 1	- American Indian, White, etc. BLACK
15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind a life. Do NOT	f work done duri	IPATION ng most of working	16b. KIN	D OF BUSINESS/IN	IDUSTRY	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd)	le, Malden Surname)		
KENNETH	WILSON			VIOI	A NEAL			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	IG ADDRESS (S	treet and Number or Rural	Route Number, C	City or Town, State, 2	(Ip Code)	
VIOLA NEAL		922	N. CA	ROLINE STR	REET-BA	LTIMORE.	MD 2	1213
20a. METHOD OF DISPOSITION 1 □ Burtal 2 □ Cremation 3 □ Re 4 □ Donation 5 ② Other (Specify)	emoval from State	20b. PLACE ANO OA of cemetary cremato HOSP	TE OF DISPOS	TION (Name	OATE	20c. LOCATION -	- City or Town	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		- ·	ME AND ADDRESS OF F	ACILITY		,	
JOHNS HOP	KINS HOSPIT	TAL	6	00 N. WOLE	E STRE	ET		
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	PR AS A CONSCOUENCE PR AS A CONSCOUENCE PR AS A CONSCOUENCE	OF):	tunty			in Ş	5min
PART II. Other algnificent condit	d.	leath but not resulting	a in the unde	riving cause given i	n Part I 24	. WAS AN AUTOPS	v 1245 V	VERE AUTOPSY FINDING
						PERFORMED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (C	hack only one)	-	- 14	
EXAMINER?	HOSPITAL:		OTHER:					
27. MANNER OF DEATH 1 ☑ Militurel 5 ☐ Pending	28e. DATE OF II (Month, De)		IME OF 2	g Home 5 Residence Sc. INJURY AT WORK? 1 YES 2 NO		BE HOW INJURY O	OCCURED) 2
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE OF building, e	INJURY — At home, fern tc. (Specify)	n, street, factory	r, office		ON (Street end Numb bwn, State)	ber or Rural Ro	ute Number,
(Critical Crity)	YSICIAN: To the best of n							and manner as stated,
29b. SIGNATURE AND TITLE OF CERTIFICATION OF THE SIGNATURE AND ADDRESS OF PERSON	ion n	OF DEATH STEW OF C	ma Delevit	29c. LICENSE N	UMBER	29d. D.	T-7	Month, Day, Year)
T. P. O 1 B C. 31. DATE FILED (Month, Day, Year)		り、無	1	THEJOH	NS HO	PKINS	HOSP	ITAL
7-71-98		· Sevidson-Ron	ndelle					

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REC	requires
4	A.P.
A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m
NOISI	ATTENDING
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- 1	1. DECEDENT'S NAME (First, Middle, Last)						DEAT		2 DA1	REG. N	J		3. TIME OF OFATH
	Thadde	us Sy	lves	ter	Nimm	ions	5		Mon		7 1	991	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 212-12-1288 A	5. SEX	6. AGE (#	yrs. last birthday	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Mo	E OF BIRTH	0.2.1	Count	
	9a. FACILITY NAME (If not institution, give				96. CITY,	TOWN C	OR LOCATIO	ON OF D	THE COUNTY OF BEAUTY				
DIRECTOR	2852 W. North						Ba	ltin	more	9			
HA I	MD 100. STATE 10b. COUNT	TY		10c, C	TY, TOWN O								10d. INSIDE CITY LIMITS?
LONGHAL I	100. STREET AND NUMBER 2852 W. Nor	th Avenu	10				. ZIP CODE						1 X YES 2 NO
	11. MARITAL STATUS	12. WAS DECEDEN		II S ADMED	1 12 14	MS DEC						USA	
5	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V U.S. A:	YYES WAR OR DAT	2 NO	11	f yes, sp	ecify Cuba	n, Mexice	n, Puerto	IN? (Specify You Rican, etc.)	H or No	14. RAC Blac Spec	E — American Indian, k, White, etc.
0	15. DECEOENT'S EOL (Specify only highest grade	ICATION	_	16a, DECEDENT	S USUAL OC work done d	CUPATIO	ON of working	-	16	b. KIND OF BI			
COMPLEIED	Elementary/Secondery (0-12) 12th Grade	College (1-4 or 5	+)	Supply	use retired.)		IST OF WORKIN	9		Dept Welf	. Heare;	SOc	e. Sec.
	17. FATHER'S NAME (First, Middle, Lest) Henr	v Nir	nmon	g			18. MOTH		ME (First,	Middle, Maide		م آم مد د	
מט	190. INFORMANT'S NAME (Type/Print)	2 1411	iiiii OII i		C ADDDECS	/Stead o	ad Mumbas			nber, City or To		urdo	DCK
2	Beatrice G. Ra	andolph								Ltimo:			21239
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	20b. I	PLACE AND DATE	OF DISPOSI	TION (Na	me of		0.4	TE 20c I	OCATION -	City on To	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	1				D AOORES			24 100	AI CII		
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	t caused	tha dasth. Do	N 2	utt 501	Gwy	une	eral Fa	11s 1	Pkwy	, Ba	21216 alto, MD
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	S	(OR AS A C	tha dasth. Do th lina. DNIE OUENCE (CONSEQUENCE (not anter t	utt 501	Gwy	une	eral Fa	11s 1	Pkwy	, Ba	Approximata
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	S	(OR AS A C	CONSEQUENCE (N 2 not anter 1	utt 501 tha mod	Gw)	Fune ing, such	era] s Fa	alls l	PICWY Interpretation of the second of the s	, Ba	Approximata interval Batwee Onset and Deat Woutlus
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1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH	AND MENTAL HYGIE		19866
1. DECEDENT'S NAME (First, Middle, Lest) Edna Ruth	Ni		DATE OF DEAT	2. DATE OF GEATH	<u>o.</u> 9~199†	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 226-26-6145 9a. FACILITY NAME (If not institution, give str	1 🗆 M 2 🖳 F	63 YRS.	F UNDER 1 YEAR #F UNDER 2 ONTHS DAYS HOURS	MIN. (Month, Day, Year) 8-28-19	27	BIRTHPLACE (State or Foreign Country) Ohio
5624 Harbor Va			Brooklyn	N OF OEATH	9c. COUNTY Balt	imore
	imore		town or location oklyn			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 5624 Harbor Va	lley Dr.		101. ZIP CODE 212	25	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	B 2 3NO		HISPANIC ORIGIN? (Specify , Mexicen, Puerto Rican, etc.) Specify:		RACE — American Indian, Black, White, etc. Specify: White
1s. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 1 2			SUAL OCCUPATION the doine during most of working retired.) r Operator	0	BUSINESS/INOUST	
17. FATHER'S NAME (First, Middle, Last) Raymond Christ	ian		Ch	er's name (First, Middle, Meid arlotte W	en Sumame) iley	
190. INFORMANT'S NAME (Type/Print) Harold R. Nigh	, Sr.			ley Dr. Ba		
20e. METHOO OF DISPOSITION 1	and from State	Ob. PLACE AND DATE	of Disposition (Name rother place)	Ory 7/22/9	LOCATION — CHY Baltim	or Town, State ore City
21. SIGNATURE OF FUNERAL SERVICE LICE	Hack 1	200550	Bradley-A 2134 Will	soffacury shton Fune ow Spring	ral Ho Rd. 21	me, Inc. 222
23. PART 1. Enter the diseases, price shock, price heart failure. Limited in the shock of the sh	lat only one ceuse on	esch ilne.				Approximats Interval Betwee Onset and Deal
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO FOR AS	A CONSEQUENCE OF		Cancer	ت س	
PART II. Other significant conditions	s contributing to death	but not resulting in	the underlying ceuse g	Iven in Part i. 24a. WAS PERF 1 — YES	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ATH (Check only one)		
27. MANNER OF DEATH 1	28a. DATE OF INJUR (Month, Day, Year 28a. PLACE OF INJU building, etc. (S)	RY — At home, ferm, at	M 1 YES 2	NO 281. LOCATION (Street, Street, t and Number or		
29e. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kn	owledge, death occurred	at the time date and place	and due to the cause(s) and	menner as sisted	

Ritchiethe

ELALD GANTT, MD 6320

32. REGISTHAR'S SIGNATURE

a Davidson-Randall



31. DATE FILED (Morith, Day, Year)

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31. DATE FILED (Month, Day, Year) JUL 23 1991

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	E	DR.	00
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that by death, certificate be executed within 24 hours after death. Pr	TO THE FUNERAL DIRECTOR: After this certificate has been signify by the attinding physician and completely filled in by the funeral is the fled within 72 hours after death with the State Dept. of Health and Manal Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examine
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH 10:40A MARY JULY R. PETR 7. OATE OF DIRTH (Month, Day, Year) 1-31-1894 A SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF LINDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 X F Czechoslovakia 215-32-1767-D 97 YRS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH St. Joseph Hospital Baltimore DIRECTOR Towson RESIDENCE OF DECEDENT 10b, COUNTY 18c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21214 U.S.A. 2907 Montebello Terrace 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE --- American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerto Ri 1 Naver Married 2 Married Specify: White BY 3 X Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EQUICATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe ntary/Secondary (0-12) College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Rynes Unknown Mary Von Korbel BE 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2229 Pelham Ave., Baltimore, Md. 21213 19a. INFORMANT'S NAME (Type/Print) 2 Thomas J.C. Petr METHOD OF DISPOSITION
Burlal 2 Cremation 3 Removal from Stata
Denetion 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 28c. LOCATION -- City or Town, Stata Holv Redeemer Cemetery 7-24-91 Baltimore, Md. 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Mark Lawra Leonard J. Ruck, Inc., 5305 Harford Rd., Balto.. Md. 21214 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heart failure. List only one ceues on sech line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CO CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 24s. WAS AN AUTOPSY PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE I TYES 2 THO OF DEATH? T YES 2 NO PHYSICIAN: 25. WAS CASE REFÉRRED TO MEDICAL 26. PLACE OF DEATH /Check only pre-EXAMINENT HOSPITAL:
1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA OTHER: me 5 🗆 Residence 6 🗀 Other (Specify) 4 C. Hurn 27, MANNER OF DEATH 28s. DATE OF INJURY TIME OF 28c. HUUNY AT 1 Accident AM 1 YES 2 NO mayo BY 281. LOCATION (Sty 3 🔲 Buicide 6 Could not be COMPLETED 4 🔲 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge 2 MEDICAL EXAMINER: On the basis of as 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNEO (Month. BE lockes It 2 30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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Davidson Tonature

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENI
CEDTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLANE	D / DEPART	MENT OF I	HEALTH AND	MENTAL HYGIE					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		T	3. TIME OF OEATH		
	JOHN HENR	Y PRETTIMA	AN			MONTH 0.7 - 2.0	_ Q 1 ?	YEAR	м		
	220 20 0170	1 5 M 2 □ F 65	yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mac)		6. BIRTHE Country	LACE (State or Foreign		
TOR	a. FACILITY NAME (If not institution, give atm 1607 MULLIKEN RESIDENCE OF DECEDENT				IMORE,		9c. COUN	TY OF DE			
DIRECTOR	10a. STATE 10b. COUNTY MD			TIMORI		Y			10d. INSIDE CITY LIMITS? 1 Tyes 2 No		
FUNERAL	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZ		IAT COUNTRY?		
NEF	1607 MULLIK				21231						
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 XYES 2 IF YES, GIVE WAR ON DATES ARM.	NO	If yes, sp	ecity_Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify Yoan, Puerto Rican, etc.)	es or No—	14. RACE Black, Specify			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION 18a.	DECEDENT'S U	SUAL OCCUPATION	ON	186. KIND OF B	USINESS/INDU	JSTRY	BLACK		
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use	ork done during mo retired.)	st of working						
MP	6th							AUTH	ORITY		
	17. FATHER'S NAME (First, Middle, Last)	26 4 27				AME (First, Middle, Maide					
BE	JAMES PRETTI 19a. INFORMANT'S NAME (Type/Print)	MAN	105 MAH INC 4	DDD550 (0)	DAIS						
5	LUCILLE PRET	TTMAN				BALTIMO			21231		
	20a METHOD OF DISPOSITION 14 Burlel 2 Cremetion 3 Remov	20b. PLA0	CE AND DATE OF	DISPOSITION (Na	me of		OCATION - C				
4	4 U Donation 6 U Other (Specify)	CEI	DAR HI	LL CEN	METERY				EL CO, MD		
	21. SIGNATURE OF PUNERAL SERVICE LICE	NSEE Williams			MARCH	F.H. 11	01 E.	. NO	RTH AVE.		
L CERTIFICATION	ehock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): 240. WERE AUTOPSY FINDINGS										
PHYSICIAN: MEDICAL			Tresuming in	the underlying	ceuse given in		RMED?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO		
CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only one)					
1YS	1 YES 2 NO 1	I Inpatient 2 ER/Outpatient	3 DOA 4	☐ Nursing Home		6 Other (Specify)					
	1 Natural 5 Pending	(Month, Day, Year)	28b. TiME	WO WO	RK?	28d. DESCRIBE HOW	INJURY OCCU	JRED			
B	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At	home, farm, atn		ES 2 NO	261. LOCATION (Street	and Mush-	D 1 D-			
ETEC	4 Homicide determined	building, atc. (Specify)				City or Town, State)		te Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICH ONE) 2 MEDICAL EXAMINER:	AN: To the best of my knowledge, On the basis of examination and/o	death occurred or investigation,	st the time, data in my opinion, de	and place, and due	to the cause(a) and me time, data and place, a	nner as stated	i. cause(s) a	nd manner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	au e			29c. LICENSE NU	MBER	29d, DATE	SIGNED (N	fonth, Day, Year)		
0	augustan	w m			P166	19	D 7/	123	191		
	30. NAME AND ADDRESS OF PERSON WHO CO. VERBARA - SOA	COMPLETED CAUSE OF DEATH (IT	· BLOAL	WAY "	ST. BI	19 LUT. MD.	2/23	/			
	JUL 23 1991	32. REGISTRAR'S SIGNATURE					,				

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4 '	1. DECEDENT'S NAME (First, Middle, Las					DEAT	2. DA	REG. NO	MY	3. TIME OF
	Janet F. Par							7/20/	91	7670
	216-30-0829	5. SEX 6	3. AGE (In yrs. les	st birthday) YRS.	MONTHS DAYS	HOURS 24	MIN. (M	TE OF BIRTH onth, Day, Year)		8. BIRTHPLACE (State Country)
	8a. FACILITY NAME (If not institution, giv		31	Tno.	AL OUTY TOWN	:0017101		/24/34		Mary
CTOR	2770 Rt. 32				96. CITY, TOWN		iendsh	ip	111111111111111111111111111111111111111	ward
REC	10a. STATE 10b. COUR			10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE
0		Howard		W	est Frie	endshi	P			LIMITS:
SAL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZ	EN OF WHAT COUNTY
FUNERAL	2770 Rt. 32					21794				ted State
B₹	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1	YES 2XX	MED	If yes, s	pecify Cuban,	HISPANIC ORIGINAL Mexican, Puerli Specify:	GIN? (Specify Yes to Rican, etc.)	a or No—	14. RACE — American Black, Whita, atc. Specify: Whit
ETED	15. DECEDENT'S E	DUCATION	16a, DE	CEDENT'S	USUAL OCCUPATI	ON	- 1	6b. KIND OF BU	CINESS/INDI	
ET	(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	/G	ive kind of a Do NOT us	work done during m	ost of working		out rains or co	3111230/11120	SINT
COMPL		Master Degr	ee S	ocia	1 Worker	-Psycl	hologi	st P	rivat	e
00	17. FATNER'S NAME (First, Middle, Last)							t, Middle, Malden	Sumame)	
BE	William Perry Pa	arks					May Eg			
2	19a. INFORMANT'S NAME (Type/Print)	0 - 1			ADDRESS (Street					
	Mrs. Glenda C.	Sothoron			Rt. 32		Frien	dship,	Maryl.	and 2179
	1 Burial 2XX remailon 3 Ra	imoval from Stata	20b. PLACE A cemetery, cre	AND DATE (OF DISPOSITION (Nather place)	ame of	0/			ty or Town, Stata
	4 Donallon 5 Other (Specify)	LICENSEE	Carro	11 C1	remation	Serv:		/23 Ha	mpste	ad, Maryl
	23. PARTY Enter the diseases, D	B. (ou	4	Lorin 8728	g Byer	rs Fun	d Rand	allet	rs, Inc, own, MD 2
N	disease or condition resulting in death) Sequentially list conditions.	DUE TO (OF	hazeal				Let 11			
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	с.	R AS A CONSEC	DUENCE OF	F):	W. F.				Gir
MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO (OF	AS A CONSEC	DUENCE OF	F): F): In the underlyin				IMED?	24b. WERE AUTOPS AWAILABLE PR COMPLETION OF DEATH? 1 YES 2
MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	ona contributing to de	AS A CONSEC	DUENCE OF	F): in the underlyin অ.এ 26. Pi	g causa glw		24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATN?
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CE	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions to the conditions of the con	DUE TO (OF d. ons contributing to de NA HOSPITAL: 1 Inpatient 2 EF 26e. DATE OF IN building, etc. (SICIAN: To the best of my NER: On the best of axam	RAS A CONSECUTATION OF DEATH (ITEM	DUENCE OF DUENCE OF DUENCE OF DOA 28b. Title Injuit me, farm, sinth occurrent pattern occurrent patter	26. Pi The state of the state	ACE OF DEAT S T A Seld URY AT RK? FES 2 N and place, an eath occured of the course	EN (Check only lenca 6 Otl 28d. Do lo 28d. LC Cit at the time, da	24e. WAS AN PERFOR 1 YES 2 DONe) THE (Specify) ESCRIBE NOW IS PORTION (Street a y or Town, State) Sues(a) and man te and place, and	NJURY OCCU	24b. WERE AUTOPS AWAILABLE PROCOMPLETION OF DEATNY 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2 1 1 □ YES 2

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FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

		1. DECEDENT'S NAME (First, Middle, Lest) GEORGE	J PO	DHORNIA	V				2. DATE C	F DEATHJU	LY19,	1991	3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y	YEAR IF L	JNDER 24 HRS.	7. DATE O	1 9 F BIRTH Day, Year)			8:45 P
pinc		218-84-7983 9e. FACILITY NAME (If not institution, give a	1 M 2 F	31	YRS.				02,	/25/1		MAI	RYLAND
2, 3 should	TOR	G.B.M.C., 6701		ES STRE	ET		WSON	CATION OF D	EATH		9c, COUNT BAL	TIM(
Pages 1,	DIRECTOR	10a. STATE 10b. COUNT			v -	r, TOWN OR	LOCATION					1	Od. INSIDE CITY
permit. Pa		MARYLAND BAI	LTIMORE		BA	ALTIM	_					1	LIMITS? YES 2 NO
每	BAL	13104 EASTERN	AVENUE				10f. ZIP						AT COUNTRY?
5-0020 nding physician. Is the burlal-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDEN	NT EVER IN U.S. ARI	MED O	If y	S DECENDE	220 INT OF HISPA Cuban, Mexic NO Specia	an, Puerto Ri	(Specify Year		U.S. I 4. RACE - Black, V Specify:	A . - American Indian, White, etc.
attending	0	15. DECEDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL OCCI	PATION		T 16b 1	UND OF BUS	INESS/INDI	етву	WHITE
21 o o o	E I	(Specify only highest grade Elementary/Secondary (0-12) NA	Callege (1-4 or 5 NA	+) QÜ	ve kind of w Do NOT use	rork done duri e retired.) ASSU	ng most of w	-	117-				USINESS
YLAND Syltal by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	- /23/		ST INITIAL	211	18, 1	MOTHER'S NA				III DO	JOINEOU
MARYL, retained by the 5 should be of	BE	GEORGE M. PODHO	RNIAK						N PAU				
	5	ROSEMARY F. PODH	ORNIAK (1					mber or Rural AVENUE					200
HORE, e 6 may be rector, page		METHOD OF DISPOSITION		20b.PLACEA	NODATEO	FOISPOSITIO	M /Neme of		DATE		ATION - CI		
ALTIMOR leath. Page 6 m funeral director,		BEL AIR MEMORIAL GARDENS BEL AIR MEMORIAL GARDENS BEL AIR, MARYLANI 22. NAME AND ADDRESS OF FACILITY											LAND
- 97		II. SIGNATURE OF TUNEBAL SERVICE LA	1			S	CHIM	JNEK F	UNERA	L HOM	ES, I	NC.	21236
760, ed within 24 hours ompletely filled in E II, cremation, or res event, the medi		23. PART I. Enter the diseases, proshock, princert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. RESI	PIRATOR OR AS A CONSEC	Y IN	SUFF			th se cardia	ac or respir	atory scree	nt,	Approximats Interval Batwee Onset and Deat
P O. BOX 687(In or lifeate be erecuted and physician and corr in gine prior to burlat, ar wher traumatic ev	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	AL FAIL OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION	UENCE OF	INS	DISE	ASE					
S A A		PART II. Other eignificent condition	s contributing to	death but not re	suiting in	the under	rlying cau	se given in	Part I. 2	4e. WAS AN A	WTOPSY	24b. W	ERE AUTOPSY FINDINGS
Manual Ma	MEDICAL								_	PERFORM		AN CC Of	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
E 5 50 2												1	YES 2 NO
一年 皇皇 世	HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:		F DEATH (Ch		Page Mal			
	ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIME INJU	OF 28	WORK?	T		RIBE HOW IN	JURY OCCU	RED	
DIVISION DR ATTENDING I DIRECTOR: After hours after death Item 28 is man	ETED B	3 Suicide 8 Could not be determined	28s. PLACE O building,	F INJURY — At hon atc. (Specify)	ne, farm, at	reet, factory,	office		28f. LOCAT City or	ION (Street an Town, State)	nd Number or	Aural Rout	s Number,
DI TAL DR WL DIRE	COMPLE	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a	my knowledge, dea xamination and/or in	th occurred	at the time,	data and pl	lecs, and dus	to the cause	(a) and menr	er as stated	cause(a) ar	nd manner as stated.
TO THE HOSPI TO THE FUNEF be filed within	TO BE C	PSD SIGNATURE AND TITLE OF CERTIFIER	· Alzen	m)				34			-	GNED (M	ofth, Day, Year)
V	F	RAMMOND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Typo, 1)	Print)	#3	300 2	2128	>4	1		
40		JUL 9 3 1001	32. REGISTRA	A'S SIGNATURE							· · · · · · · · · · · · · · · · · · ·		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

19870

Approximate Interval Between

Onset and Death

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

and due to the cause(a) end manner as stated. 29d. DATE SIGNED (Month, Day, Year)

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

James D. Peterson, Sr.

2 3 1991

1 -

	James D. Pete	erson, Sr.	to .	. 1					02 -	17	_	91	3:25
	A. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDE	DAYS	IF UNDER	24 HRS.	7. OATE OF I	BIRTH ly, Year)		8. BIRTH	HPLACE (State or Fo
	140-28-5665	1 🔀 M 2 🗆 F	55	YRS.	MONTHS	DATS	HOUNS	mire.	7/2	0/35		Phi	
_	9a. FACILITY NAME (If not institution, g					Y, TOWN		ON OF DE	ATH		9c. COU	INTY OF C	DEATH
	St. Joseph's Hos	-			Ba	ltim	ore						
DINECTOR	10e. STATE 10b. CO			10c. CIT	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
5	Md. Ba	altimore		To	wson								1 YES 2
2	10e. STREET AND NUMBER					101	. ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?
	1618 Myamby Roa	ad	صانعت				2120	04				USA	
ED DI FONEDAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	ent ever in u.s. at 1 Tyes 2 1 War on dates 8 to 196	NO	13	If yes, sp		n, Maxica	IIC ORIGIN? (S n, Puerto Rica y:		or No—	14. RAC Blac Spec	E — American Indi k, White, etc. ://y: White
	15. DECEDENT'S (Specify only highest of	EDUCATION	16a. Di	ECEDENT'S	B USUAL	OCCUPATION OF	ON works		16b. KIR	ID OF BUS	SINESS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	5+)	Sive kind of a. Do NOT u	use retired.)	ot or workin	•					
	12		S	elf	empl	oyed			Atl	anti	c Ra	ilin	g System
	17. FATHER'S NAME (First, Middle, Last						18. MOT	HER'S NA	ME (First, Midd	lle, Meiden	Sumame)		
1	Herbert Frank	in Peters							ae Beu				
5	19a. INFORMANT'S NAME (Type/Print)								Route Number,				
1	James D. Peter							le,	Balto.			123L	num Brat-
	20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3	Removal from State	20b. PLACI of cemetar St. M	y, cremator	y or other	place)	(Name		DATE				own, Stata
	4 ☐ Donation 5 ☐ Other (Specify). 21. SIGNATURE OF UNIVERAL SERVICE.	E LICENSEÈ	_ D t. M	ELLY		Me te:		SS OF FA	CILITY	Co.	Id S	orin.	g N J
	. 91	1	1						an Fun	eral	Hom	е	
	Laur	d. 10	ufma	2	5	695 1	Main	St.	Elkr	idge	. Md.	. 2	1227
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	TO (OR AS A CONSE											
ERT	resulting in death) LAST	d											
MEDICAL	PART II. Other significent cond	litiona contributing t	to death but not	resulting	in the t	underlyin	g ceuse	given in		PERFOR		24	b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
ż	25. WAS CASE REFERRED TO MEDIC.	N 1				26 0	LACE OF C	EATH (C)	neck only one)				
PHYSICIA	EXAMINER?	HOSPITAL:	□ ER/Outpatient	3 🗆 DOA	ОТН	ER:			8 Other (S	maniful			
	27. MANNER OF GEATH	28s. DATE (OF INJURY	28b, TII	ME OF	28c. IN.	JURY AT	asiderice	28d. DESCR		INJURY O	CCURED	
	1 Netural 5 Pending		, Day, Year)	"	M		ORK? YES 2 [NO					
בה פו	2 Accident investigat 3 Suicide a Could no 4 Homicide determine	t be 28e. PLACE	OF INJURY — AI h	ome, farm,	, atreet, fo	ictory, offic				ON (Street fown, State)		er or Rural	Route Number,
COMPLETED	good only	PHYSICIAN: To the bast											(a) end manner se
	29b. SIGNATURE AND TITLE OF CER							ENSE NU					D (Month, Day, Year
M T	mitight 1	N 1 C.	, m	-	/		M	14 -	n v		≥ 0. UA	2/	19/6 1
9	30. NAME AND ADDRESS OF PERSON	N WHO COMPLETED CA	WISE OF DEATH OF	FM 27) /3-	ne Print)	111	0	115	0 6 F	DIL	11-0	111	1/1/
	NATIVIDAD	D. DE	LEON	/ M	. D .	010	5	11)	05 5	MA	110	>1/1	TAL
	31, DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	7	1		700	V > 0	\sim	10-	VI	204	
T	30. NAME AND ADDRESS OF PERSON NATIVIDAD 31. DATE FILED (Month, Day, Year)	N WHO COMPLETED CA	LEON	EM 27) (Typ	oe, Print)	C/0	5700	7. J VS0	OSE,	PH-	HO:	sp1	

Lia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

F VIIAL RECORDS, P.O. BOX 13149, BALLIMORE, MARYLAND 21203-3140	SIGIAN: The law requires that the death certificate be executed within 2 - cours after death. Page 6 may be retained by the hospital or attending physician.	mentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITH, OR ALEXANDER MISICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR THE UNITED THE SENTIFICATE has been signed by the attending physician and completely fi	be filed within 72 forms that the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1	FOR STATE REGISTRAR	STATE OF MARYLA			HEALTH AND I	WENTAL HYGIEN	E 9	1 19812		
	1. DECEDENT'S NAME (First, Middle, Last) Jane H. Riddi	Jane	H. Rido	liough	M	2. DATE OF DEATH MONTH DA	9 1	3. TIME OF DEATH A		
~	4. SOCIAL SECURITY NUMBER 177-14-6067 9a. FACILITY NAME (If not institution, give	1 - M 2 XF 7	yrs. last birthday) YRS.	MONTHS DAY 9b. CITY, TOV	N OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 04/29/20	Pe. COUNTY O			
DIRECTOR	RESIDENCE OF DECEDENT	7	Baltim	ore City						
IRE	Maryland Anne	Arundel		nthicu				10d. INSIDE CITY LIMITS? 1 YES 25CX NO		
	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	103 Mountain Roa	-			21090		U,S.			
BY	11, MARITAL STATUS 1 Never Married 23 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	SONNO	II yes	DECENDENT OF HISPAN, specify Cuban, Mexica YES ZOKNO Specify		S	RACE — American Indian, Black, Whita, atc. Specify: 11te		
COMPLETED	15. DECEDENT'S ED (Specify only highest grace Elamentary/Secondary (0-12) 11 Years	Collega (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us HOUSEV	work done during se retired.)	ATION most of working	166. KIND OF BUS		RY		
NO.	17. FATHER'S NAME (First, Middle, Last)		nouser	110	16. MOTHER'S NA	ME (First, Middle, Maiden				
BEC	Walter Hardil	1			Myrtle					
2	19a. INFORMANT'S NAME (Type/Print) Walter T. Riddio	ugh				Route Number, City or Tow. inthicum, I				
	20a. METHOD OF DISPOSITION 1 Surial 2 Commetten 3 Rec	moval from State			cemetery, crematory or		CATION — City of			
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L		tro Crem	_	Inc.	CILITY		Maryland		
	Richard	'EDone	1	Home	4001 Rito	George Chie Hgwy 1		nce Funeral Md 21225		
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory streat, abook, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of: Due to for as a conscouence of:									
MEDICAL	PART II. Other significent condition	ons contributing to death b	ut not resulting	In the under	ying ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 Y NO		
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C)					
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	11 Inpetient 2 ☐ ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	28b. TIA	NE OF 280 JURY	Home 5 Rasidenca INJURY AT WORK? YES 2 NO	6 Other (Specify) 284. DESCRIBE HOW	INJURY OCCURE	ED		
	3 Suicide 6 Could not b 4 Homicida determined	28a, PLACE OF INJURY	— At home, farm,	street, factory,	offica	28t, LOCATION (Street City or Town, State)	and Number or R)	lural Route Number,		
COMPLETED	cool only	YSICIAN: To the bast of my know						use(a) and menner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	: Far	S ATH (ITEM 27) (3m	n Print)	29c. LICENSE NU	the Staff	29d. DATE SIG	GNED (Month, Day, Year)		
	ALSHAM	AT TA	RIS	, r maj	HAIR!	30R	146	3PIT AL		
	JUL 2 3 1991	33. REGISTRAR'S SIGN	-Randell		12/11/22					

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BALTIMORE, MARYLAND 21215-0020	NIG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Mer this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should leath with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIFFERM After this certificate has been signed by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item at a marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIF	CATE OF	DEATH		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH			3. TIME OF DEATH
	ROBERT	PITCHFO	ORD		RILEY .	JR.	07	TH 2	Ö	1991	8:35 a м
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birt	thday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH		8. BIRTHI	PLACE (State or Foreign
	216-52-7552	1 X M 2 - F	42	res.	MONTHS DAYS	HOURS MIN.		eb. 5	1949	Country	aryland
	9a. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, TOWN (OR LOCATION OF		30. 3		NTY OF DE	
DIRECTOR	161 CHURCH LANE				TEXAS					LTIM	
Ä	10a. STATE 10b. COUNT	Y	10	c. CITY,	TOWH OR LOCAT	ION					10d. INSIDE CITY
	Maryland Bal	timore			Texas					1	LIMITS?
AL	10e. STREET AND NUMBER				101	. ZIP CODE			10g. CIT		HAT COUNTRY?
FUNERAL	161 Church Lane					210				USA	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARMED YES 2 NO WAR OR OATES		If yes, sp	ENDENT OF HISPA ecify Cuben, Mexic 2C NO Spec	en, Puerto	N? (Specify Yea Rican, atc.)	or No—	Black,	- American Indian, White, etc. White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed	16a. DECED	ENT'S U	SUAL OCCUPATION	ON at of weathing	16	b. KIND OF BUS	SINESS/INC	DUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5	7)		rk done during mo retired.)						
MP	10		Eq	uip.	. Opera	tor		Baltim	ore	Coun	ty
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	6				16. MOTHER'S N	AME (First,	Middle, Majden	Sumarne)	hfour	1
BE	Robert P. Riley,	Sr.									J
5	Gladys C. Riley	y	196. MA	30	67 Cros	nd Number or Rura wn Circ	le, N	lanche:	ster,	Mid.	21102
	20e. METHOD OF DISPOSITION 15 Burlel 2 Cremetton 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND I	DATE OF	DISPOSITION (Na	me of	OAT	7E 20c. LO	CATION -	City or Tow	m, State Md. 21093
	21. SIGNATURE OF FUNERAL SERVICE/LIC	ENSEE O	Dulane	y v		emorial D ADDRESS OF F		iems i	Imon	ium,	MG. 21093
	· Dugant).('Va	Clary		Lemm	on-Mitconium,	hell-				
7	23. PART I. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, interval Between Onset and Death Approximate interval Between Onset and Death Due to row as a consequence on										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
8		1									
	PART II. Other significent condition	s contributing to	deeth but not resul	ting in	the underlying	cause given in	Part I.	24a. WAS AN		24b. \	WERE AUTOPSY FINDINGS
DICAL								PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Ę.								7			YES 2 NO
z I											
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF DEATH (C	heck only or	ne)			
PHYSICIAN: ME	1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 D	OA 4	OTHER: ☐ Nursing Home	5X Realdence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, Da		TIME (OF 28c. INJU	JRY AT		SCRIBE HOW IN	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation			: 15	wor atm ¹□ Y		SU	BJECT	SHOT		
	3 Suicide S Could not be	28e. PLACE OF	F INJURY — A1 home, fi	erm, atre	el, factory, office		281. LOC	ATION (Street a			
COMPLETED	4 X Homicide determined		ATE RESID	ENCI	7.			or Town, State)	161		RCH LANE
ון בֶּ	29a. CERTIFIER 1 CERTIFYING PHYSIC		my knowledge, death o			and wless, and di-	TE	XAS, M	ARYLA	ND	
Ž	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of an	amination and/or invest	leation.	in my pointon de	and place, and qui	time date	use(a) and man	nor as state	id.	
	291 SIGNATURE AND THILE OF CERTIFIER				and the second second			and praca, and	due to the	e cause(s)	and manner as stated.
8	11/10	. 1				29c. LICENSE NU					Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	LEI				0.C.M	LE.			7/20	/1991
		ELET	- 10								
-	31. DATE #94EDI/Month Day 1640 01	-	11,0411	111	PENN ST	TREET B	ALTI	MORE, 1	MARYI	AND	21201
- 11	ST. SULL MICHAEL MICHAEL BONG MAN TO 1	LA, USGISTRA	ES SIGNATURE TO B	Man .							

	. 3	帽
BALTIMORE, MARYLAND 21215-0020	requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	wen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transment of Health and Mental Hygiene prior to burial, cremation, or removal.
RECORDS, P.O. BOX 68760,	requires that the death certificate be executed within 24 hours	wen signed by the attending physician and completely filled in by the full of Health and Merital Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL

2. 3 should

DIRECTOR

FUNERAL 10f. ZIP CODE 2302 Druid Park Drive 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 1 Never Married 2 X Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) 9th Grade Steel Worker 17. FATHER'S NAME (First, Middle, Last) notified at Terry Green Russell BE 19e. INFORMANT'S NAME (Type/Print) 2 Inez Russell 2302 Druid Park Drive must be 20a. METHOD OF DISPOSITION

| West | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | State | S 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place) DATE 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSES medical shock, of heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Finel the diseese or condition METASTATIC. CANCER resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease Dr Injury Injury, or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL shows any Dept. OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL this certificate hi with the State C irked, or item 26. PLACE OF DEATH (Check only one) item HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA 1 TYES 2 NO OTHER: me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 2 Accident 5 Pending investigation M 1 YES 2 NO After 1 BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 00 ED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 determined COMPLET item 2 TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER Kaltina Almstrane 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Lest)
ALVIN CARL 2. DATE OF DEATH 3. TIME OF DEATH RUSSELL ONTH 1991 7:15 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) 1 X M 2 | F 225-38-4304 1933 Virginia Mar 24 CILITY NAME (If not institution, give street and number)
THE JOHNS HOPKINS HOSPITAL 96. CITY TOWN OR LOCATION OF DEATH BALTIMORE CITY *BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore 1 X YES 2 | NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? U. S. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. Specify Black 16b. KIND OF BUSINESS/INDUSTRY Bethlehem Steel Corp. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Averlina Stone 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore, MD 21215 20c. LOCATION - City or Town, State
BALLIMORE COUNTY, MARYLAND MD Veteran Cem/Garrison 7/26 Owings Mills, MD 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes Inc 2501 Gwynns Falls Parkway Baltimore, Maryland 21216 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximate Interval Between Onset and Death Year 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(a) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 7/21 91 KATRINA ARMSTRONGMD. 600 N. WOLFE ST. , BALTIMORE 21205 32. BEGISTRABIS SIGNATURE

TED BY FUNERAL DIRECTOR Too: 100. 11: M 10. 11: M	STREET AND NUMBER 307 Salem Vil ARITAL STATUS Never Married 2 (X-Married	treet and number) Nursing Baltimore	84 vas. Home	IF UNDER 1 YEAR MONTHS DAYS	ATION	2. DATE OF DEATH NONITH 21 - 7. DATE OF BIRTH (Morth, Day Year 09 - 06 - 1	906 N	s. TIME OF DEATH 5:30 at BIRTHPLACE (State or Foreign Country) Maryland OF DEATH Ltimore
BY FUNERAL DIRECTOR Town W W Town Tow	12-10-3285 ACCLITY NAME (If not institution, give sulaney Towson sidence of decedent to the state of the sta	treet and number) Nursing Baltimore	84 vas. Home	9b. CITY, TOWN TOW	HOURS MIN. I OR LOCATION OF D	09-06-1	906 IV	Maryland OF DEATH Ltimore
BY FUNERAL DIRECTOR W 100. 11. W 1 0. 2 0. 3 0.	ulaney Towsor SIDENCE OF DECEDENT STATE 106. COUNTY ARYLAND STREET AND NUMBER 307 Salem Vil ARITAL STATUS Never Married 2 Married	Nursing Baltimore	10c. Cr	TOWN OR LOC	SON			Ltimore
BY FUNERAL 3 0	aryland street AND NUMBER 307 Salem Vil ARITAL STATUS Never Married 2 Amarried	Baltimore						104 INDIDE OF
₹ 3 □	307 Salem Vil ARITAL STATUS Never Married 2 本Married	lage Road			ore			1 YES 2 X NO
à 3 □	Never Married 2 AMarried		l	'	21,234		10g. CITIZEI	USA
GE _	Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 1 NO	13. WAS DI If yes, 1 1 _ YE	CENDENT OF HISPA ipecify Cuban, Maxic S 2 X NO Speci	NIC ORIGIN? (Specify an, Puarto Rican, atc.) fy:	Yea or No- 14	Black, White, stc. Specify: White
P.E.	15. DECEDENT'S EOU (Specify only highest grade (specify only highest grade 12th	CATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT	S USUAL OCCUPAT work done during in use retired.)			eral Ba	TRY
Ž L	ather's name (First, Middle, Lest) William M. Re	inhardt			Philo	ome (First, Middle, Make Omenia C	on Sumame) ampbel	1
0 194	informant's name (Type/Prini) lorence K. Re	inhardt				Route Number, City or		MD 21234
10	METHOD OF DISPOSITION Burial 2 Cremetion 3 Ram Donation 6 Other (Specify)	oval from State	of cometany, cremator Metro	TE OF OISPOSITION OF OTHER PROPERTY OF THE PRO	orv. Inc	OATE 200.	LOCATION - CH	y or Town, State
21. 8	George E. M.	-,,,,,,,	W	22. NAME	AND ADDRESS OF F	ACILITY		ryland, Inc., MD 212
AMI EST CATION Section 1995 Sec	PART I. Enter the diseases, or shock, or heart failure. MEDIATE CAUSE (Final seese or condition witing in death) Juentisity list conditions, ny, leading to immediate se. Enter UNDERLYING JSE (Disease or injury t intilated events uiting in death) LAST	B. DUE TO (OR A		A OF): OF):	SCVI L Cc) c	e PA	t, Approximate Interval Betv Onset and D
MEDICAL CE	TT II. Other significent condition	os contributing to dest	h but not resulting	in the underly	ing couse given in	PER	AN AUTOPSY FORMED? 5 2 ZENO	24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU DF DEATH? 1 YES 2 NO
¥ 25. 1	NAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	heck only one)		
S	1 YES 2 X NO	1 Inpatient 2 ER/O	RY 26b, Ti		ome 6 Residence	6 Other (Specify) 28d. DESCRIBE HO	W INJURY OCCU	RED
D BY	Natural 5 Pending Investigation Suicide 6 Could not be detarmined	(Month, Day, Ye. 26s. PLACE OF INJ- building, etc. (URY — At home, farm	M 1	YES 2 NO	28f. LOCATION (Str City or Town, S	eet and Number or tate)	Rural Route Number,

All Palace

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law matter set the death cardificate be executed within 2 TO THE FUNERAL DIRECTOR. After this certificate law matter set of the attending physician and completely be faced within 72 hours after dama with the State of the set of the	De mon within 12, hours and order or an arrangement of
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	1. DECEDENT'S NAME (First, Middle, Last) December 1								2. DATE OF DEATH MONTH DAY 7 1 0		EAR	15:58		
	Raymond 4. SOCIAL SECURITY N	U. STEET			AGE (In yrs. lest birthdey) IF UNDER 1 YEA			IR IF UNDER 24 HRS.		7 18 7. DATE OF BIRTH		BIRTHPLA	CE (State or Fo	
	216-03-711	1/1	1 M 2 F	72	YRS.	MONTHS	DAYS	HOURE	MIN.	9/24/18	3 1	WARY L	AND	
	9a. FACILITY NAME (# n		ve street end number)			9b. CITY, TOWN OR LOCATION OF D			N OF DEATH	DEATH 9c. COUNTY OF DEATH				
DIRECTOR	St. Josep	ohs Hos	spital			To	WSON	1			Balt	o. Co	ounty	
JEC.	10a, STATE 10b, COUNTY			10c. Cl	10c. CITY, TOWN OR LOCATION						100	INSIDE CITY		
	Md. BALTIMORE			Baltimore								YES 2 K		
FUNERAL	194. STREET AND NUMBER 8646				101. ZIP CODE				U.S.			COUNTRY?		
S	11. MARHITAL STATUS	Rd	12. WAS DECEDE	NT EYER IN	YER IN U.S. ARMED 13. W		WAS DEC	21234 as decendent of hispanic original			RIGIN? (Specify Yea or No. 1		4. RACE — American Indian	
BY F		Never Married 2 Married Widowed 4 Divorced		FORCES? 1 XYES 2 NO			If yes, specify Cuban, Mexican, 1 Tes 2 NO Specify:					Black, White, etc. Specify:		
	15.				16a DECEDENT'S	DECEDENT'S USUAL OCCUPATION				Whi			nite	
E	(Specify Elementary/Secondary	rade completed)	(Give killife. Do I			nd of work done during most of working NOT use retired.)			FLYNN-EMRICH					
COMPLETED	12 yrs				SALES I	MANAG	ot K			l ``				
	17. FATHER'S NAME (Firs							BES		IAME (First, Middle, Melden Surname) EGGLESTON				
BE (19a. INFORMANT'S NAM							and Number	or Rural Rout	Number, City or 1	own, State, Zip C			
5	RUTH B. S'	TEER								, MD. 2				
	20a. METHOD OF DISPO	nation 3 🗆 F	Ramoval from State		PLACE AND OAT					7-19 TO			State	
	4 Donation 8 0 21. SIGNATURE OF FUN		LICENSEE	_ luii	LLIUP S				1				44	
	1/00		11	111	/		RUCK	TOWS	ON FU	NERAL HO	OME, IN	IC.		
	23. PART I. Enter th	a diseases	or complications th	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY RUCK TOWSON FUNERAL HOME, INC. 1050 YORK RD. TOWSON, MD. 21204 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
	IMMEDIATE CAUSE disease or condition resulting in death)	or heart failu (Final	a. Racio										Approxim Interval E Onset an	
ERTIFICATION	IMMEDIATE CAUSE disease or condition	or heart failu (Final n miditions, mediate RLYING Injury	a. Resident of the second of t	O (OR AS A	CONSEQUENCE	not anta	r the mo						Interval B	
L CERTIFICATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list could fany, leading to improve the cause. Enter UNDER CAUSE (Disease or that initiated evental	or heart feilu (Finel n inditions, imediate RLYING Injury LAST	a. Pour To Due To Due To Due To d.	O (OR AS A O	CONSEQUENCE (OF):	r the mo	Esl Toel	Regional and a second	a cardiac or rei	AN AUTOPSY	24b. W	Interval E Onset an	
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E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list conif any, leeding to imcause. Enter UNDER CAUSE (Disease or that initieted events resulting in death) in the cause of the c	er heart feilu (Finel n inditions, nmediate RLYING Injury LAST Ificant condi Pending Investigati Could not determine CERTIFYING PI	a. DUE TO b. DUE TO c. DUE TO d. Tolora contributing to tiona contributing to tiona contributing to 28a. DATE CO (Month, tion 28a. PLACE be downward to the best of	O (OR AS A O O (OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O OR AS A O O O O OR AS A O O O O O O O O O O O O O O O O O	CONSEQUENCE (CONSEQUENCE (CONSE	OF): OF): OF): OTHE 4 Nt. MME OF NJURY M Tred at the	26. PER: Irraing Hon 28c. IN. 1 Ctory, office	PLACE OF DI TORK? YES 2 To and place, dasth occur	EATH (Check sidence 6 21 No 21 and due to	a cardiac or real acardiac N AUTOPSY ORMED? 2 NO W INJURY OCCU. we and Number of the order of the order of the order of the order of the order of the order of the order of the order of the order or	24b. Wf AM CC OF 1 !	Interval E Onset and Interval E Onset and Interval E Onset and Interval E Onset and Interval E Onset Interva		
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Pages 1, 2, 3 should

permit.

use as the burial-transit

the funeral director, page 5 should be detached for

signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo

executed within

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

this certificate his

After death

AAL I

FOR STATE REGISTRAR Albert Scheller CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. OATE OF OEATH 3. TIME OF DEATH DAY 00404 ler bert 20 7. DATE OF BIRTH 5. SEX 8. BIRTHPLACE (State or Foreign Country) A SOCIAL SECURITY NUMBER 8. AGE (in vrs. last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS HOURS 215-01 6836 9-9-13 MD 9e. FACILITY NAME (If not institution, give street and number) 9h CITY TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH Joseph BAH, more DIRECTOR OWSEN RESIDENCE OF DECEDENT 10a. STATE 10h COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Parkville 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7811 Ardmore Ave. 21234 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-11. MARITAL STATUS 12. WAS OECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pu 1 YES 2 NO Specify: 1 Never Married 2 Merried Specify: BY 3 Widowed 4 Divorced WW II White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) Auditor year State of Maryland once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) George Scheller Louise Rembach 智 notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Steta, Zio Code) 2 7811 Ardmore Ave. Parkville, Md. 21234 Eileen R. Scheller 9 20 METHOD OF OISPOSITION
1 Burlel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION - City or Town, State must Lakeview Cemetery 7/22 Randallstown, Md. examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral HOme 21204 8521 Loch Raven Blvd. T0wson Md medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory screet, shock, or heart fellure. List only one cause on each line. **Approximata** interval Between IMMEDIATE CAUSE (Final the Sepsis disease or condition resulting in death) day event, DUE TO (OR AS A CONSEQUENCE OF): dan Severe newtopenia traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING nairy dell en rema CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST 6 Inlury, PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO amy COMPLETION DF CAUSE 1 TES 2 NO OF DEATH? shows : pulmonary 1 TES 2 NO has been a aunte addomes PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1/0 Inpatient 2 ER/Outpatient 3 DOA OTHER: 1 TES TO NO ng Home 5 - Residence & - Other (Specify) 4 Nurel 6 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 28d. OEŞCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation 1 - YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 60 8 Could not be DIRECTOR: / COMPLETED 28 4 Homicide Hem 29e. CERTIFIER

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death TO THE PUBLIC TO be filed within 7. IMPORTANT: I ured at the time, date end place, end due to the cause(e) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIE BE NAON PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 JOSEPH'S HOSP 32. REGISTRAR'S SIGNATURE - Randelle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



	1 - STATE OF MARYLAND	/ DEPARTME			MENTAL HYGIENE REG. NO.							
	1. DECEDENT'S NAME (First, Middle, Last) ANNA B. SCHN.	ADER			2. DATE OF DEATH MONTH		3. TIME OF DEATH 4:45 A M					
	4. SOCIAL SECURITY NUMBER 3. 19-32-672/ 1 M 2 X F 98	YRS. MONT		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Div. Moer) Jan. 21, 18	193 M	ARYLAND					
DIRECTOR	Stella Maris Hospice	96. 0	Tows	R LOCATION OF DE	ATH	ec. COUNTY OF Ba.	Baltimore					
	10a. STATE 10b. COUNTY MD Baltimore	10c. CITY, TOW	VN OR LOCATI			10d. INSIDE (
	10s. STREET AND NUMBER		101.	ZIP CODE			1 YES 2 WHO					
BE COMPLETED BY FUNERAL	205 East Joppa Road Apt. 709 11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				n, Puerto Rican, etc.)	Bla	14. RACE — American Indian, Black, White, etc. Specify:					
	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 10 years	DECEDENT'S USUA (Give kind of work of line. Do NOT use retire Self Emp	one during mot ed.)	N t of working	16b. KIND OF BUSI							
	17. FATHER'S NAME (First, Middle, Last) Killian Koehler					(First, Middle, Maiden Surname)						
0	10a. INFORMANT'S NAME (Type/Print) Lourdes Sturm	205 East	t Jopp	a Road A		owson, N	MD 21204					
	20b. PLACE OF DISPOSITION (Name of cometary, crematory or other pisce) 20c. LOCATION — City or Town, State of Disposition (Name of cometary, crematory or other pisce) 21. SIGNATURE DE FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Johnson Funeral Home 8521 Loch Rayen Blyd											
CERTIFICATION	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Interval Between Onset and De Onset											
4	PART II. Other significant conditions contributing to deeth but no	ot resulting in the	e underlying	j cause given in	Part I. 24a. WAS AN A PERFORE 1 YES 2	AED?	II. Nb. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:											
D BY PHYSICIAN: MEDIC	1 Inpetient 2 ER/Outpatient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) HOSDICE 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Pending Investigation Pending Investigation 28e. DATE OF INJURY At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, Description Descrip											
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated.											
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER Cacla de Claradeuro 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 29c. LICENSE NUMBER D 27087 29d. DATE SIGNED (Month, Day, War) 7-19-91											
	Carla S. Alexander, M.DStel 31. DATE FILED (MONTH). Day, New) 32. DEGISTRAR'S SIGNATURE 32. DEGISTRAR'S SIGNATURE 33. DAVIdoon-front	E	Hosp.	ice - Du	laney Valle	ey Rd	- Towson					



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BALTIMORE, MARYLAND 21215-0020

	91-4060-510									0		0070			
	1 - STATE REGISTRAR	STATE OF MA					HEALTH AND DEATH		HYGIEN REG. NO	E 9	1 1	9879			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF MONTH	DEATH	AV	YEAR	3. TIME OF DEATH			
	Mary Jane	5. SEX		Simmons				07				8:38 A			
	4. SOCIAL SECURITY NUMBER	lest birthday)	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH lay, Ybar)		8. BIRTHI Country	PLACE (State or Foreign						
	213-70-1174 1 □ M 2 💢 F 33 YRS. MON 99. FACILITY NAME (If not institution, give street and number) 99b.						192	JAN.	29,	1958	MAR	RYLAND			
DIRECTOR	Francis Scott Key Meidcal Center Baltimore -											ATH			
	MARYLAND -					TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? TO YES 2 NO			
FUNERAL	3539 PELHAM AVE.			21213				S. A	HAT COUNTRY?						
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAI	YES X		13.	If yes, so	ENDENT OF HISPA ecity Cuben, Mexic NO Speci	en Puerto Blos	Specify Yes in, etc.)	or No-	14. RACE Black, Specify	— American Indian, White, etc.			
TEC	15, DECEDENT'S EDUC (Specify only highest grade	completed)		OECEDENT'S	ork done	during me	ON est of working	16b. KI	ND OF BUS	SINESS/IN	DUSTRY				
COMPLETED	NA NA SECURITY OFFICER										SECUR	ITY			
	17. FATHER'S NAME (First, Middle, Last) MURRAY J. BOHN 18. MOTHER'S NAME (First, Middle, Melden Surrame) CHARLOTTE ANN CHARLTO														
B	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code)														
9	DWANE E. SIMMONS	(HUSBAND)					VE., BAL								
	209. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		20b. PLA	CE AND DATE O	F DISPO	SITION (No		OATE	20c. LO	CATION —	City or Tow				
	21. SIGNATURE OF FUNERAL SERVICE LIC	S	CHIM	JNEK FUN BREHMS L	ERAL H	OMES.	INC	3.							
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	PULMO	DR AS A CON	THRO	ot enter	The mo	BOLISM	ch aa cardlad	or reapl	ratory an	reat,	Approximata Interval Between Onset and Death			
RTIFICATION	Sequentially flat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):														
CER	resulting in death) LAST						· · · · · · · · · · · · · · · · · · ·								
PHYSICIAN: MEDICAL	PERFORMED? t Yes 2 \(\triangle \text{NO} \) OF E										WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	B/Outpatient		OTHE	R:	ACE OF DEATH (Ch								
PHY	27. MANNER OF OEATH	26e. DATE OF IN (Month, Day,	JURY	26b. TIME	OF	28c. INJ	● 5 ☐ Residence URY AT RK?	6 U Other (S) 28d. DESCRI		JURY OC	CURED				
B	Natural 5 Pending Investigation 3 Suicide 6 Could not be	28s. PLACE OF I	INJURY — At		М	1 🗆 1	ES 2 NO	28t. LOCATIO	N (Street e	nd Number	or Rural Ro	ute Number,			
COMPLETED	4 Homicide determined								wn, State)						
OMP	(Check only 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	I: On the beele of exam	y knowledge, mination end/	death occurred	at the t	ime, date opinion, d	end place, end due eath occured at the	to the cause(o	end men place, and	ner ee stat I due to th	ed. e cause(e)	and menner ea stated.			
w	296 SIGNATURE AND TITLE OF CERTIFIER	(1)	0	h	- 1		29c. LICENSE NUI		T			Month, Day, Year)			
TO B	MI NAME AND ADDRESS OF BERSON WHO	KARU	U	H	No	1	O.C.M.1	Ξ.	7	▶ 07		1991			

111 Penn Street, Baltimore Maryland 21201

TO THE HOSPITAL OF HISTORAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT, If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (I) MARIO

2 3 1991

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chia Savidson

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HE HOSPITAL OR ATTENDING PHYSICIAN: The law revises that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. HE FUNERAL DIRECTOR: After this certificate his the signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State pept of Health and Mental Hygiene prior to burial, cremation, or removal. PRIVANT: If item 28 is marked, or litem 23 shows, any injury, or other traumatic event, the medical examiner must be notified at once.	PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
THE HOSPITAL OR ATTENDING PHYSICIAN: The ignorecies that the death certificate be executed within 2-rouns after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate his carrificate by the attending physician and completely filled in by the funeral director, page 6 should be detached for use as the burial-trans filled within 72 hours after death with the State Dept of Theath and Mental Hygiene prior to burial, cremation, or removal. PORTANT: If them 28 is marked, or Item 23's bodys, any Injury, or other transmette event, the medical examiner must be notified at once.	BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CI	EHITFIC	ATE OF DE	EAIH	2. DATE OF D	DAY	YEAR 3.	TIME OF DEATH
OLIVIA		ALVAROL				JULY	18 1991	9	:40 A.M
4. SOCIAL SECURITY NUMBER 051-12-6937	5. SEX 1 M 25 F	6. AGE (In yrs. les			UNDER 24 HRS. URS MIN.	7. DATE OF BI (Month, Day) MARCH	29,1914	8. BIRTHPLA Country) MARY	CE (State or Foreign
9a. FACILITY NAME (If not institution, give at	21		96	CITY, TOWN OR LO	OCATION OF D			NTY OF DEAT	
NORTH ARUNDEL	HOSPITAL			GLEN B	URNIE		ANI	NE ARU	NDEL
10a. STATE 10b. COUNTY	ARFORD			DGEWOOD					I. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			1 -	101. ZIP	CODE		10g. CIT	IZEN OF WHAT	YES 2 NO
1915 HAREWOOD ROA	AD				21040		U.	S. A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO		Cuben, Mexic	an, Puerto Rican	ecity Yea or No— , etc.)	Black, W	American Indian, hits, etc. WHITE
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	(6	Silve kind of work	JAL OCCUPATION done during most of	working	16b. KINI	D OF BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12) NA	College (1-4 or 5 4	- 46	SEAMS	tired.)					
17. FATHER'S NAME (First, Middle, Last) JOHN SMITH				18.	18. MOTHER'S NAME (First, Middle, Maiden Surname) NELLIE BROCKS CHMIDT				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street and N				Code)	
OLIVIA JABLONSKI			1915 H	AREWOOD	ROAD,	EDGEWOO	DD, MD.	21040	
20s. METHOD OF DISPOSITION 1 Natural 2 Cremetion 3 Rem	oval from State	20b. PLACE	OF DISPOSITE	FAITH C	y, cremetory or בית ביתי בית	v	BALTIMO		
Donation 5 Other (Specify)	CENSEE //	John	END OF	22. NAME AND A			DALITIN	Jidi, II	D.
. / // 4 //	/ // //			EL. HAME PAID A	DUNESS OF F	ACILITY			
Justin W.	Lough			SCHIM	UNEK I	FUNERAL	HOME IN		21213
23. PART I. Enter the diseases, or shock, or heart failure.	complications the	t caused the d	eath. Do not	SCHIM 3331	UNEK I	FUNERAL Lane.	Baltimo	re, Md	Approximate
shock, or heart failure. IMMEDIATE CAUSE (Final	complications that List only one cau	ise on each lin	0.	SCHIM 3331 enter the mode of	UNEK I	FUNERAL Lane.	Baltimo	re, Md	Approximate interval Between
shock, or heart failure.	List only one cau	ise on each lin	ic a	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL S Lane, ch as cardiac	Baltimo	re, Md	Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	Les on each line	ic a	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL S Lane, ch as cardiac	Baltimo	re, Md	
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a	Les on each line	e. C a EQUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL S Lane, ch as cardiac	Baltimo	re, Md	Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	on each line development of the line of th	e. COUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL S Lane, ch as cardiac	Baltimo	re, Md	Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. DUE TO	OR AS A CONSE	e. COUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL S Lane, ch as cardiac	Baltimo	re, Md	Approximate interval Between
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO c. DUE TO d.	OR AS A CONSE	EQUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL Lane. Chas cardiac	Baltimo	re, Md	Approximate interval Batwee Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset On
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO c. DUE TO d.	OR AS A CONSE	EQUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL 5 Lane. 6 has cardiac	Baltimo or respiratory ar	re. Md	Approximate interval Batwee Onset and Deat
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO c. DUE TO d.	OR AS A CONSE	EQUENCE OF):	SCHIM 3331 enter the mode of	UNEK I Brehms of dying, su	FUNERAL 5 Lane. 6 has cardiac	Baltimo or respiratory ar respiratory ar was an Autopsy performed?	re. Md rest,	Approximate interval Between Onset and Deat Principle Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State Principle State St
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PHYSICIANS PAVILLION, SUITE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DR. JAMES RICELY
31. DATE FILED (Month, Day, Year)
2 3 1991

DHMH-16 Rev 1/89

BALTIMORE, MD.

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BOX	
P.O.	
RECORDS,	
VITAL	
PO	
71STON	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 1988 CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Lest)	SI. TZE				MONT	7 20	YEAR	TIME OF DEATH 7 120 P		
	4. SOCIAL SECURITY NUMBER 220-44-6579	5. SEX 6. AGE (In	YRS.	F UNDER 1 YEAR	B HOURS MIN.	DEC	of BIRTH h, Day, Year) . 1, 1905	Country)	ACE (State or Foreign ARYLAND		
	9a. FACILITY NAME (If not institution, give st MERCY MEDICAL CEN				N OR LOCATION OF D	EATH	9c. COU	TY OF DEAT	H		
DIRECTOR	MARYLAND	-		TOWN OR LO		- (d. INSIDE CITY LIMITS? YES 2 \(\text{\ballet} \) NO			
FUNERAL	100. STREET AND NUMBER 3306 CHESTERFIELI) AVENUE			101. ZIP CODE 21213		10g. CIT	T COUNTRY?			
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2/ NO	If yes,	DECENDENT OF HISPA specify Cuben, Mexic /ES 241 NO Specific	an, Puerto I	17 (Specify Yes or No-	American Indian, mita, etc. WHITE			
COMPLEIED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	ent's usual occupation and of working working work done during most of working WOT use retired.) MEMAKER OWN HOL					Œ		
	17. FATHER'S NAME (First, Middle, Last) ERNEST FORD			ANNA F		Middle, Maiden Surname)					
TO BE	196. INFORMANT'S NAME (Type/Print) BEULAH MAE DONOVAN (DGHTR) 196. MAILING ADDRESS (Street and Number or Flural Poute Number, City or Town, State, Zip Code) 3306 CHESTERFIELD AVE., BALTIMORE, MD. 21213 20c. NETHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cerestary, cremetory or 20c. LOCATION — City or Town, State										
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (\$2009)	oval from State	ALP MOR	TION (Name of E CEME	Cometery, cremetory or TERY		BALTIMO				
NO	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a	Thana	ot enter the			, BALTIMORI	-	Approximata interval Between Onset and De		
CEMILICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										
MEDICAL	// /	a contributing to death but Arthri		the underl	PERF			AN AUTOPSY FORMED? 2 2 NO 2 NO COMPLETION OF DEATH? 1 YES 2			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	Home 5 Residence						
Ξ	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c.	INJURY AT WORK? YES 2 NO	_	SCRIBE HOW INJURY OC	CURED			
	1 Natural 5 Pending	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, 1					OCATION (Street and Number or Rural Route Number, y or Town, State)				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Specific	At home, farm, si	treet, factory, c	office	281. LOC City	CATION (Street and Number or Town, State)	r or Rural Rou	te Number,		
D BY	2 Accident 3 Suricide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	28e. PLACE OF INJURY building, etc. (Special CIAN: To the best of my knowle car.) On the basis of examination	odge, death occurre	d at the time,	date and place, and du	City	or Town, State) use(s) and manner as ate	ted.			
B	2 Accident 3 Suricide 4 Homicide 29a. CERTIFIER (Check only) 1 CERTIFYING PHYS	building, etc. (Special Clan: To the best of my knowle in the basis of examination in	odge, death occurre	d at the time,	date and place, and du	city te to the ca e time, date	use(s) and manner as state and place, and due to the 29d. DA	ited. he cause(s) a	nd manner as stated		

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19881

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE O	F DEATH	REG. NO).			
	1. OECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
- 1	RUSSELL LEE SLONAKER SR					2 199			
		s. last birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Ybar)	8.	BIRTHPLACE (State or Foreign Country)		
	220-12-7567 1½ M 2 □ F 64	YRS.	MONTHS DAT	HOORE WIN.	09-02-26		MARYLAND		
_	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COUNTY	Y OF DEATH		
6	VA MEDICAL CENTER		FORT	HOWARD		BALTIMORE			
ᇤ	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	10c, CITY	r, TOWN OR LO	CATION		10d. INSIDE CITY			
E	MARYLAND	BAT	TIMORE			LI			
ادّ	10e. STREET AND NUMBER	DAL	I LHOKE	101. ZIP CODE		10g. CITIZE	1 🔀 YES 2 🗌 NO N OF WHAT COUNTRY?		
E I	3510 BEECH AVENUE, APT. A]	21211		IIM	ITED STATES		
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S			ECENDENT OF HISPAN		RIGIN? (Specify Yea or No- 14. RACE - A			
	1 Never Merried 2 Married FORCES? 1 TXXES 2			specify Cuben, Mexica 'ES 2 X NO Specify					
BY	3 Wildowed 4 Divorced WORLD WAR	II		A			WHITE		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Give kind of w	vork done durina	TION most of working	16b. KIND OF B	JSINESS/INDUS	ITRY		
ا ت	Elementary/Secondary (0-12) College (1-4 or 5+)		ife. Do NOT use retired.) ACHINIST INSPECTOR						
M	UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	MACHINI	ST INS						
				7	ME (First, Middle, Meide	n Surname)			
B	ELMER SLONAKER 190. INFORMANT'S NAME (Type/Print)	19h MAII ING	ADDRESS (Street	LULA SLO		un State 7in C	orde)		
2	CLINICAL RECORDS		2012/01/19						
	20e. METHOD OF DISPOSITION 20b. PL	ACE OF DISPOS		POINT ROAL cometery, cremetory or			MD 21052 by or Town, State		
	1 N Buriel 2 Cremetion 3 Removal from State off 4 Donation 5 Other (Specify) MD.	STATE	VETERA	NS CEMETE			FOREST. MD.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	OIMIL	22, NAME	AND ADDRESS OF FA	CILITY				
	I all lot	7.		LAN SEITZ					
\dashv	23. PART I. Enter the diseases, or complications that caused the	Marth Do	3818	ROLAND A	VENUE, BA	TO. 1	D. 21211		
	shock, or heert fallure. Liet only one ceuseum eech	line.	iot enter the	mode of dying, suc	n ss cardiec or res	piratory sires	interval Between		
	IMMEDIATE CAUSE (Final disease or condition								
	a. ADENOCARCINOMA OF LUNG DUE TO (OR AS A CONSEQUENCE OF): 2 MONTH								
_									
CERTIFICATION	Sequenticity liet conditions, If any, leading to immediate b. NEPHROTIC SYNDROME SECONDARY TO DIABETES 5 MONTHS 18 any, leading to immediate								
3	CAUSE (Disesse or injury	NDENT	DIABET	ES_MELLITU	IS		YEARS		
	that initiated events resulting in deeth) LAST	NSEQUENCE OF	F):	7.1			Lamo		
EH	d								
	PART II. Other eignificent conditions contributing to death but I	not resulting	in the underi	ring cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
EDICAL	ULCERS ON BOTH FEET				1 TYES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						X	OF DEATH?		
2									
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			PLACE OF DEATH (Ch	eck only one)		1		
Sic	EXAMINER? 1 YES 2 NO HOSPITAL: 1 No HOSPITAL: 1 No HOSPITAL:	nt 3 🗆 DOA	OTHER: 4 Nursing I	tome 5 - Residence	6 Other (Specify)				
E	27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c.	INJURY AT WORK?	28d. DEŞCRIBE HOW	INJURY OCCU	REO		
BY	1 V Netural 5 Pending 2 Accident Investigation	100		YES 2 NO					
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — building, atc. (Specify)	At home, farm,	street, factory, o	ffice	28t. LOCATION (Street City or Town, Stee		· Rural Route Number,		
립	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge)								
COMPLETED	one) 2 MEOICAL EXAMINER: On the basis of examination or	id/or investigation	on, in my opinio	n, death occured at the	time, date end place,	and due to the	cause(s) end manner es stated.		
BE	29b, SIGNATURE AND TITLE OF GERTINIES			29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)		
10	villa us								
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	(ITEM 27) (Type	, Print)						
	WEN-SHYANG WIL M.D. VA MEDICAL		REORT	HOWARD, F	ORT HOWAR	D, MD	21052		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATU								
	JUL 23 1991 Lie Savidson 78	ndelle							

for use as the buriel-transit permit. Pages 1, 2, 3 should

pital or attending physician. UD 21203-3146 BALTIMORE, MA urs after death. Page 6 may be rethis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

HYSCLAN: The law requires that the death certificate be executed within OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OF A TO THE FUNERAL DIPLO De filed within 72 Insuran

IMPORTANT: If Item 28

DHMH-16 Rev 1/89

BALTIMORE, MARTIAN	hours after death. Page 6 may be retained by the pos-	lled in by the funeral director, page 5 should be tenter. , or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be removed by the	TO THE FUNERAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should the fined within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITA	TO THE HOSPITAL OR ATTENDING PHYSICIAN; Th	TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	IMPORTANT: If Item 28 Is marked, or Item

or of the rest of the strength

D 21215-0020

1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTM CERTIFICA	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		19883	
1. DECEDENT'S NAME (First, Middle, Las	Robert	Shea		2. DATE OF DEATH MONTH 5	MY YE	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 213-09-2812	1 🔀 M 2 🗆 F	8.3 YRS. MON		7. DATE OF BIRTH (Month, Day, Year) 8-10-	1907	Ohio	
9a. FACILITY NAME (If not institution, glasses of the state of the sta	sing Home		Dundalk	DEATH	9c. COUNTY OF DEATH Baltimore		
	ltimore		undalk 101. ZIP CODE		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ☐ 10g. CITIZEN OF WHAT COUNTRY?		
10e. STREET AND NUMBER 2901 Dunmore 11. Marital Status 1 Never Marited 2 X Married	Road 12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	21222 13. WAS DECENDENT OF HISP. If yes, specify, Cuben, Maxie	ANIC ORIGIN? (Specify Ye	A RACE — American Indian, Black, White, etc.		
3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 ☐ YES 2 ZĂNO Spec	elly:	JSINESS/INDUST	Specify: White	
15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (6-12) UNKNOWN 17. FATHER'S NAME (First, Middle, Last)	completed) College (1-4 or 5+)		done during most of working ired.)		lehem		
17. FATHER'S NAME (First, Middle, Last)	Gl ₂		100000000000000000000000000000000000000	IAME (First, Middle, Malde	n Surname)	W. A. W. C	
James Thomas	Snea	10h MAH ING AD-	Flora PRESS (Street and Number or Rura	Belle G			
Margaret	Shea						
20e METHOD OF DISPOSITION 1 \(\tilde{D}\) Burlai 2 \(\tilde{C}\) Cremation 3 \(\tilde{R}\) R 4 \(\tilde{D}\) Onsation 5 \(\tilde{O}\) Other (Specify)	manual trans State						
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	200550	22. NAME AND ADDRESS OF I Bradley-As 2134 Willo	hton Fune	eral H		
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	A CONSEQUENCE OF):	BRAZI + C	LART.	i	Onset and Dea	
CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significent conditions are supported to the conditions of	iona contributing to deeth	but not resulting in ti	ne underlying cause given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		26. PLACE OF DEATH (
	1 Inpatient 2 ER/OL 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Mursing Home 5 Residence F 28c. INJURY AT WORK? M 1 YES 2 NO	e 6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
3 Suicide 8 Could not datarmined	28a. PLACE OF INJUI building, atc. (Sg	RY — At home, farm, stree pecify)	t, factory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
(Ornor orny			t the time, data and place, and d n my opinion, death occured at f			use(a) and menner as stated.	
29b. SIGNATURE AND TITLE OF CENTI	IUMBER	29d. DATE SIGNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PERSON	WATER COURSE T	- Cu	2147	22/	7,	4.51	

DINSION OF VITAL RECORDS, P.O. BOX 68760,

HE HOSPITAD ON THE law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	HE FUNERAL PRECION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	led within 72-hears' after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	ORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITALS OR ATTENDING	TO THE FUNERAL DIFFECTOR: After	be filed within 72-hours after death	IMPORTANT: If item 28 is mai

JUL 23

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	-			ICATE	OF	DEAI	п	2. DATE OF DEATH DATE OF	w 10	YEAR 3.	TIME OF OEATH			
	Lucille May	nard T	Tattersall 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF I				IF UNDER	24 HRS	7. DATE OF BIRTH	17	A BIRTHPL	ACE (State or Foreign			
	213-74-7942	□ M 2 5 F	MONTHS DAVE HOUSE					MIN.	(Month, Day, Year) Oct. 30 1		Country)	/land			
	9a. FACILITY NAME (If not institution, give stree	t and number)	- 07		96. CITY,	TOWN O	A LOCATIO	ON OF OE			TY OF DEAT				
OR	Harford Memoria	Hospit	al		Н	Havre de Grace					Harford				
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c, CIT	Y. TOWN O	TOWN OR LOCATION					100				
DIRECTOR	Maryland Harfor		camp						LIMITS?						
	10a. STREET AND NUMBER									10g. CITIZ		T COUNTRY?			
ER	4544 Perkins Plac		21017				U	SA							
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	MED O	1	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RAC If yes, specify Cuben, Maxican, Puarto Rican, atc.)					Black, W	American Indian, hite, atc. White			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work								16b. KIND OF BUS	SINESS/INDU	JSTRY				
COMPLETED		College (1-4 or 5+	Ilfa.	Do NOT u	se retired.)	uuning mos	St OF WORKIN	· ·							
MP	10		Ho	ouse	wife				Homem						
	17. FATHER'S NAME (First, Middle, Last)	Isaac Jones Smith							ME (First, Middle, Maiden	Sumeme)					
BE	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	ADDRESS	S (Street e			Maynard	IVId Y nar Q ste Number, City or Town, State, Zip Code)					
2	Suzanne T. Plowman 12115 Boxer Hill Road, Cockeysville, Md.											1. 21030			
	20s. METHOD OF DISPOSITION 1										Stela				
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISPE N	1 0 1	Cr	emate 22.	Ory NAME AN	ID ADDRES	SS OF FA	Сишту	tonsv	ille.	Maryland			
	▶ Ma	rtin D.	Lawson	was	7)				hell-Wiede Maryland						
ERTIFICATION	23. PART i. Enter the diseases, or core shock, or heart failure. List immediate cause or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO		BUENCE O	C Pi Pi Le	the mon	him Lin	ing, suc	h an cerdiec or respi	iratory erro	est,	Approximate interval Between Onset and Desth			
	that initiated events resulting in deeth) LAST	Abdol	noual	20	dor	we	6	ul	ungen	1					
EDICAL C	PART II. Other significent conditions	contributing to	death but not r	esulting	in the un	nderlylng	ceuse (given in	Part I. V 24a. WAS AN PERFOI	RMED?	CC	ERE AUTOPSY FINDINGS MALABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO			
Σ	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF 0	EATH (Ch	eck only one)						
IAN: M	EXAMINER? HOSPITAL: OTHER:														
SICIAN: M	the state of the s	27. MANNER OF OEATH 1 X Natural 8 Pending 28a. DATE OF INJURY (Month, Day, Year)					28b. TIME OF 28c. INJURY AT 28d WORK?				6 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED				
Y PHYSICIAN: MEDICAL	1 YES 2 X NO 1 27. MANNER OF OEATH 1 X Natural 8 Pending	28a. DATE OF		28b. TIR	JURY M	WO	URY AT PRK? YES 2	NO	28d. DESCRIBE HOW	INJURY OCC	CURED				
COMPLETED BY PHYSICIAN: M	1 TES 2 NO 1	28a. DATE OF (Month, Di		IN	JURY M	1 🗆 1	PRK? YES 2	МО	28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State)	and Number		te Number,			

11

1.4

88.75.2.2

3. TIME OF DEATH

B. BIRTHPLACE (State or Foreign Country) S . C .

10d. INSIDE CITY LIMITS?

1X YES 2 NO

IF UNDER 1 HEAR IF UNDER 24 HRS.

BALTIMORE,

9b. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

CITY

21223

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A

		IRINS			10	NEL	7		
		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 4			
		219-28-3840	1 🗆 M 2 🔯 🕱	63	YRS.	MONTHS D	AYS HOURS		
Should		9a, FACILITY NAME (If not institution, give					WN OR LOCAT		
2,	DIRECTOR	2452 W. BAI	LTIMORE	ST.		BAL	TIMOR		
Pages 1.	EC	10e. STATE 10b. COUNT	Υ		10c. CITY	TOWN OR	OCATION		
		MD			BA	LTIMO	ORE,		
permit.	ERAL	10e. STREET AND NUMBER 2452 W. BA	LTIMORE	стр	TREET 101.				
ian transit	FUNE	11. MARITAL STATUS	12. WAS DECEDEN			13 WA	S DECENDENT		
BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be tretained by the hospital or attending physician the funeral director, page 5 should be detached for use as the buriat-trained.	ВУ	1 Never Married 2 Married Married 4 Divorced		YES 2	X NO	NO If yes, specify Cul			
r attending use as the	8	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	164	. DECEDENT'S I	ork done duri	PATION ng most of work		
oltal or d for u	COMPLET	Elementary/Secondary (0-12) 6 t h	College (1-4 or 6	+)	life. Do NOT use	retired.)			
AND the hospital detached is	OME	17. FATHER'S NAME (First, Middle, Last)			-		16, MOT		
YLA by the be dett	BE C	JERRY BRIDG	ES				I		
MAR retained 5 should notified	10 B	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (S	treet end Numbe		
RE, M ay be re page 5	-	DOLETHA BEN			2452				
6 may ctor, pa		29e. METHOD OF DISPOSITION 1 3 Surial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State		NG ME		e)		
Page al direc		H. BIGNATURE OF UNERAL SERVICE LI	CENSEE	- I KI	NG ME	_	(Street end Number BALTIM		
BALTIMORE, MARYLAN er death. Page 6 may be retained by the hor the funeral director, page 5 should be detach val.		1/ a Cin 2	Wil	lion	0	WM.	.C. MA		
BIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the format and opinificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal stands: It them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical is	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Majoral 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	e. Due To Due To Due To Due To d	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O death but r ER/Outpatie F INJURY Day, Year) OF INJURY — I, etc. (Specify)	INSEQUENCE OF IN	OTHER: OT	2d PLACE OF F g Home 5 F sc. INJURY AT WORK? 1 YES 2 r, office		
TO THE HOSPI TO THE FUNER be filed within	TO BE	29b. SIGNATURE AND TITLE OF CENTER	Kurt	in)	no		29c. Lie		
	=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL	JSE OF DEATH	(ITEM 27) (Type,	Print)	5525		

32. REGISTRAR'S SIGNATURE

)	If yes, s	sectify Cuban, Mexican, S 2 NO Specify:	Puerto Rican, etc.)	Black, W	American indian, white, sitc. BLACK
	JAL OCCUPATI done during m tired.)		16b. KIND OF BUSINESS		
			FACTORY		
			(First, Middle, Maiden Surnam	0)	
		LIZZI			
			ST./BALTIM		0 21223
ND DATE OF	DISPOSITION	(Name	DATE 20c. LOCATION	- City or Town	State
MEM	ORIAL	PK. CEM	ETERY RAND	ALLST	OWN, MD
	22. NAME A	ND ADDRESS OF FACIL	LITY		
	WM.C	. MARCH	F.H. 1101	E. NO	RTH AVE.
ith. Do not	enter the m	ode of dying, such	es cardlec or respiratory	srrest,	Approximate interval Between Onset and Death
alin					does
UENCE OF):	culo	a acces	lut		iseues
WENCE OF):					
suiting in t	the underlying	ng cause given in Pr	PERFORMED?	or or	PRE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
		LACE OF DEATH (Check	k only one)		
DOA 9	THEM:	me 5 - Residence 6	☐ Other (Specify)		
26b. TIME O	Y W	JURY AT CORK? YES 2 NO	28d. DEŞCRIBE HOW INJURY	OCCURED	
ne, ferm, stre	et, factory, offi	ce :	26f. LOCATION (Street end Nur City or Town, State)	mber or Rural Rou	te Number,
		une-	o the cause(a) end menner as me, date and piece, and due		nd menner as stated.
0		29c. LICENSE NUMB	29d.	7-20	0 /
27) (Type, Pr			hie Boyvie	0 1	<u> </u>
12			V		
					DHMH-16 Rev 1/8

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month 20s), Wash - 27

ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	sedical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 no	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.	IMPORTANT: Il item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPARTI	MENT OF H	IEALTH AND DEATH	MENTAL	HYGIEN	31	19	886
	1. DECEDENT'S NAME (First, Middle, Last) JOHN	C.			OLES	SR.	2. DATE	OF DEATH	199		ME OF DEATH 9:20A
	4. SOCIAL SECURITY NUMBER 141-18-7606	5. SEX	6. AGE (In yrs. lest	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	0°2'-	Per 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4 8.		N.J.
TOR	90. FACILITY NAME (If not inetitution, give 1027 Cathedral S		8-н	96		imore Ci			9c. COUNTY	OF DEATH	
DIRECTOR	MD 10b. COUNT	ΓY		BAT	TIMOR	E, CI	TY			L	NSIDE CITY LIMITS? YES 2 NO
FUNERAL			т. 8-н		101	21201				J.S.A	
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Milworced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE 1	NT EVER IN U.S. ARM I YES 2 X X X MAR OR DATES	MED O	If yea, spe	CENDENT OF HISPA ecity Cuben, Maxic 2 XNO Speci	an, Puerto R	? (Specify Yee lican, etc.)	or No.— 14.	Black, White	nerican Indien, e, etc.
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondery (0-12) 1 2 t h	College (1-4 or 5	(Gh	CEOENT'S USI ve kind of work Do NOT use re	SUAL OCCUPATION to during mostired.)	ON st of working		KIND OF BUS			
WC	17. FATHER'S NAME (First, Middle, Last)									PILE	
E CC	JOHN TOOLES					16. MOTHER 9 NA		liddle, Maiden S ARSHA			
0	190. INFORMANT'S NAME (Type/Print)		196	MAILING AD	Pares (Street a	nd Number or Rural	4.50				
2	JOHN C. TOO	LES JR.				EE CT./				212	14
	20e. METHOD OF DISPOSITION 1 Burlal 2 Dependent 3 Ren 4 Denetion 5 Other (Specify)			ND DATE OF D	DISPOSITION (Ne.	ame of	DATE	20c. LOC	TIMOF	or Town, Sta	nte
	21. SIGNATURE OF FUNERAL SERVICE LI	Wad)		WM.C.	MARCH	F.H	. 11	01 E.	NOR	TH AVE.
CERTIFICATION	23. PART I. Enter the disease, or ehock, or heert feilure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Hype TO DUE TO	(OR AS A CONSEOL	UENCE OF):							Approximate interval Between Onset and Death
MEDICAL	PART II. Other algnificant condition	ne contributing to	deeth but not re-	eulting in t	he underlying	j cause given in		24s. WAS AN A PERFORM 1 YES 2	AED?	OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? (ES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PL	ACE OF OEATH (Ch	heck only one)			
SIC	XXYES 2 NO	HOSPITAL: 1 Inpatient 2	ER/Outpatient 3	DOA 4		XX 5 Rasidence					
PHYSICIAN:	27. MANNER OF DEATH	28e. OATE OF (Month, Da	INJURY lay, Year)	28b. TIME OF	F 28c. INJU			RIBE HOW IN	JURY OCCUR	ED	
ВУ	1 Natural 5 Pending 2 Accident Investigation				M 1 7	ES 2 NO					
ETED	3 Suicide 8 Could not be 4 Homicide dstermined	28e. PLACE O building,	F INJURY — At hometric. (Specify)	e, farm, stree	il, factory, office			TION (Street an Town, State)	d Number or R	tural Route Nu	vnber,
COMPLI	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best of SIER: On the basis of si								use(e) and m	anner ee stated.
ш	29b. SIGNATURAND TITLE OF CENTIFIE	A A				29c. LICENSE NUI	MBER		29d. DATE SIG	GNED (Month,	Day, Year)
TO B		m	~			OCM	R		► O≅ :	19	1991
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITEM	27) (Type, Prin	111 P	6.0	MANUEL CONTRACTOR	BAL TIM			ND 21201
	31. DATE FILED (Month) Der Your 2 3	199 12. REGISTRA	R'S SIGNATURE	Abode	٤					-	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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1. DECEDENT'S NAME (First, Middle		CERTIF	ICATE O	F DEATH	MENTAL HYGIENE REG. NO.		
	M. Tilghman,	Sr.			2. DATE OF DEATH	/91 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 118-14-0813	B 1 🕅 M 2 🗆 F	E (In yrs. lest birthday) 71 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 10/09/19	Cour	THPLACE (State or Foreign nitry) MD
9a. FACILITY NAME (If not institution 2824 Will RESIDENCE OF DECEDE: 10a. STATE Md 10b. C	n. give street and number) nchester St		9b. CITY, TOW	N OR LOCATION OF DE		c. COUNTY OF	
RESIDENCE OF DECEDER	OUNTY						
	JOHNY	10c, CI1	Balt				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2824 Winc	hester St			101. ZIP CODE 21216	1	US US	WHAT COUNTRY?
10e. STREET AND NUMBER 2824 Winc 11. MARITAL STATUS 1 Never Married 2 XMarried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 THO	If yes,	ECENDENT OF HISPAN specify Cuban, Maxica ES 2 NO Specify		Bie	CE - American Indian, ek, White, atc.
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, La	'S EDUCATION st grade completed) College (1-4 or 5+)	III. DO NOT U	work done during :	TION most of working	166. KIND OF BUSING		ence
	bert Tilghma			Lott	ME (First, Middle, Maiden Sun ie Barret	t	
198. INFORMANT'S NAME (Type/Print Sybil Tilghi		19b. MAILING 282	4 Winc	t and Number or Rural F hester S	t, Balto,	tete, Zip Code) Md 2	1216
20a_METHOD OF DISPOSITION 1	Removal from State	Ob.PLACE AND DATE	of Disposition	Name of 1 Mem Pk		el, M	
21. SIGNATURE OF FUNERAL SERV		++-	22. NAME Nut	and address of factor F.	HLITY	21216	
The second secon	8	meyor	unt	and pr	ostate ade	notor	Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth.) AST	DUE TO (OR AS	A CONSEQUENCE OF	F):	and pr	ostate ade	notor	Onset and Death
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	bOUE TO (OR AS cOUE TO (OR AS d	A CONSEQUENCE OF	F):	,	Part I. 24a. WAS AN AUT	OPSY 24	Onest and Death Livery 3 Men
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (OR AS cOUE TO (OR AS d	A CONSEQUENCE OF	F):	,		TOPSY 24	Onset and Deeth
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If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	DUE TO (OR AS c. DUE TO (OR AS d. d. diditions contributing to deeth	A CONSEQUENCE OF	F): In the underlyl 28. OTHER:	ng ceuse given in I	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 C	TOPSY 24	Donat and Death LLC G. J. Macro D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER?	CAL HOSPITAL: 1 Inpatient 2 ER/Out Resident 2 Resident 2 Resident 3 R	A CONSEQUENCE OF A CONSEQUENCE OF Dut not resulting the treatment 3 DOA 286. TIME INJ	26. OTHER: 4 Nursing He E OF URY M 1	PLACE OF DEATH (Cheome 5 & Residence (NUMEY AT ORK?	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 C	10PSY 24	Donat and Death LLC G. J. Macro D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNEN OF DEATH 1 Netural 5 Pending	DUE TO (OR AS c. DUE TO (OR AS d. d. Iditions contributing to deeth CAL HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) attion 28a. PLACE OF INJURY building, atc. (Spe	A CONSEQUENCE OF	26. OTHER: 4 Nursing He E OF URY M 1	PLACE OF DEATH (Cheome 5 & Residence (NUMEY AT ORK?	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 C	OPSY 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATIFY 1 YES 2 NO
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigs 3 Sulcide 6 Could in determine the condition of	DUE TO (OR AS c. DUE TO (OR AS d. d. Iditions contributing to deeth CAL HOSPITAL: 1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year) attion 28a. PLACE OF INJURY building, atc. (Spe	A CONSEQUENCE OF A CONS	28. OTHER: 4 Nursing Ho E OF 28c. If URY M 1 street, factory, off	PLACE OF DEATH (Cheme 5 & Residence (NJURY AT ORK? VYES 2 NO lice	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 Ck only one) 3 Other (Specify) 28d. DESCRIBE HOW INJUICATION (Street and Inclined to Town, State) of the cause(a) and manner	TOPSY 241 77 NO RY OCCURED Vumber or Rural se stated.	Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS c. DUE TO (OR AS d. d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONS	26. OTHER: 4 Nursing Ho E OF	PLACE OF DEATH (Cheme 5 & Residence (NJURY AT ORK? VYES 2 NO lice	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 Ok only one) 3 Other (Specify) 28d. DESCRIBE HOW INJUI 28f. LOCATION (Street and I City or Town, State) o the cause(a) and manner ime, date and placa, and du	TOPSY 24/ 27 NO PRY OCCURED Number or Rurs/ as stated.	Do. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1	DUE TO (OR AS c. DUE TO (OR AS d. d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS d. DUE TO (OR AS	A CONSEQUENCE OF A CONS	Printh	PLACE OF DEATH (Cheme 5 & Residence (SURY AT ORK? VES 2 NO lice	Part I. 24a. WAS AN AUT PERFORMED 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 1 1 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2 YES 2	TOPSY 24/ 27 NO PRY OCCURED Number or Rurs/ as stated.	Do. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Route Number,

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SALLIMONE, MANTLAND ZIZIS-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The second management are described by the control of th	Nis Certificate Inspection in the among a production and companiely filled in by the funeral director, gage 5 should be detached for use as the british-taneir nermit Panes 1.9.3 should	mation, or removal,	IMPORTANT: If item 28 is marked, or item 23 allower any injury, or other traumatic event, the medical examiner must be notified at once.	
. c. c. c. c. c. c. c. c. c. c. c. c. c.	ath certificate be executed with	dending physician and comple	ed of the and Mercal Hypery prior to burlal, cramation, or removal,	or other traumatic even	
1	STATE OF CO.	Sauged by the 2	The Part of the same	beer any injury	
100 100 100 100 100 100 100 100 100 100	HOSPITAL OR ATTENDING PHYSICIAN: The PARTY	TO THE FUNERAL OIRECTOR: After this certificate material	be filed within 72 hours after death with the Stare Death	9TANT: If item 28 is marked, or item 23 in	
	TO THE	TO THE	pe filed	IMPORT	

	91-4116-5 FOR 1 - STATE REGISTRAR	10	STATE OF I	MARYLAND) / DEPAI	RTMENT	OF H	HEALTH	AND I	MENTAL	HYGIEN	_	1	9888
	1. DECEDENT'S NAME (First		М			Tela		DEA		2. DATE O	OF DEATH	AY .	YEAR	3. TIME OF DEATH 8:45 A M
	4. SOCIAL SECURITY NUMBER 212-72-8960		5. SEX 1 M 2 XF	6. AGE (In yrs. 19	last birthday) YRS.	IF UNDER	DAYS	IF UNDER	R 24 HRS. MIN.	7. DATE O (Month, APRT		- 10	A DUDT	HPLACE (State or Foreign
~	90. FACILITY NAME (If not in					9b. CITY	, TOWN (OR LOCATI	ION OF DE				NTY OF E	
OTO	UNIVER		OSPITAL			B	ALTI	MORE						_
DIRECTOR	MARYLAND	10b. COUNT	y BALTIMOR	E	10c. CI1	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	4319 SOTH	AVENUE					101	. ZIP COD	€ 2123	6		- 170		MHAT COUNTRY? . A.
ВУ	11. MARITAL STATUS 1 X Alever Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. YES 24 WAR OR DATES	NO	1	f yes, sp	ecify Cube	OF HISPAN In, Mexical Specify	n, Puerto Ri	(Specify Year can, etc.)	or No—	Blac	E — American Indien, k, White, etc.
COMPLETED	15. DEC (Specify only Elementery/Secondary (0 NA	EDENT'S EDU y highest grade 0-12)	College (1-4 or 5 - NA		Give kind of the Do NOT us	work done o se retired.)	CCUPATIO	ON ist of worldi	ng		COLLE		USTRY	
BE CON	17. FATHER'S NAME (FIRST, M RONALD CASI	IR TE	LAK								PEAR			
10	RONALD TELA	K (FA			196. MAILING 4319	ADDRESS SOTH	(Street e	NUE,	or Rural R	ioute Numbe	E, MD	1, State, Zip 212	^{Code)}	
	20a, METHOD OF DISPOSITI 1 & Burlel 2 Crematio 4 Donation 5 Other 21. BUHATURE OF FURNIA	(Specify)		20b. PLAC cemelety.	COMPAND DATE	PH S	CEM	ETER		OATE		TIMOF		
	> / Price	SERVICE DO	CO			SC	HIM	UNEK	FUNI FUNI IR RO	ERAL	HOMES BALTI	, INC	MD.	. 21236
	23. PÁRT I. Enter the di shock, or he IMMEDIATE CAUSE (Fin disesse or condition resulting in death)	sart lellure.	. Hero	t ceused the	m 05	not enter	the mo	de of dyl	Ing, such	ss cardid	ec or respl	ratory sm	eat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or Injuthat initiated events resulting in deeth) LAS	diate NG ry	с	(OR AS A CONS										
PHYSICIAN: MEDICAL C	PART II. Other significe	nt condition	a contributing to	deeth but no	t reculting	n the und	derlying	cause o	ylven in F		PERFORI	MEO?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? WES 2 \(\subseteq \text{NO} \)
YSICIAN	25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO	MEDICAL	HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:			ck only one)	Specify)			
B	2 Accident	Pending nvestigation	28e. DATE OF (Month, Did O7 21 26e. PLACE OF		12:	1.3Å	28c. INJU WOI 1 Y	RK? ES 2	NO E	Passe	OF.	in au	iţo/a	auto/truck
COMPLETED	4 Homicide	Could not be letermined	On On	street	(+)]	I-95(Rte.	100	oute Number,
	(Check only one) 2 MEOIC	CAL EXAMINE		amination end/c	or investigation	n, in my op	ne, date	eth occur	ed at the t	lme, date er	e(s) end meni nd place, end	due to the	cause(e)	end menner ea stated.
TO BE	30. NAME AND ADDRESS OF	Elm	While	E OF OFATH "	EM an /	0:-0			NSE NUME		П	29d. DATE ▶07	SIGNEO 2.2	(Month, Day, Year)
	Margarita	A	Korel	1, MD	1.1		nn s	Stree	et, E	Balti	more 1	Maryl	and	21201
	31. DATE FILED (Month, Day,)	91	Julia Davids	R'S SIGNATURE						-				

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PITAL (RAL D	
E HOS	FUNE FUNE	HTAN
TO THE HOSPITAL OR AT MEMORY THE law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attends	TO THE FUNERAL INFLIGUE AND THE BENTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the find within 20 funeral management with the State Deut, of Health and Mental Hydere prior to burial, cremation, or removal.	IMPORTANT. If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

8

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR

CERTIFICATE OF DEATH

REGISTRAR

CERTIFICATE OF DEATH

ANNA V, VOGLE

19889

2. DATE OF DEATH

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ANNA V.	VOGLE			М	7	14 91	AR 500 P. M
4. SOCIAL SECURITY NUMBER 215 10 3814	5. SEX 6. AGE		ONTHS DAYS	HOURS MIN.	ATE OF BIRTH Wonth, Day, Year)	(BIRTHPLACE (State or Foreign Country) [aryland
9a. FACILITY NAME (If not Institution, give Cardinal Shehar RESIDENCE OF DECEDENT		9		W SON		9c. COUNTY	
10a. STATE 10b. COU	ltimore		TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10s. STREET AND NUMBER 2300 Dulaney	Valley Road		10t.	21204			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 A NO	If yes, spe	NDENT OF HISPANIC OF offy Cuban, Mexican, Pur NO Specify:		fea or No 14,	RACE — American Indian, Black, White stc i te Specify:
15. DECEDENT'S E (Specify only highest gri	DUCATION ide completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n Secret	rk done during mos retired.)	t of working	16b. KIND OF E	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last) John S. Vogle	1881 3			18. MOTHER'S NAME (F	irat, Middle, Maid Wickard		
19a. INFORMANT'S NAME (Type/Print) Annal Vandegrii	ît .	196. MAILING AI Box 1	38 A Be	d Number or Rural Route dford Road	Number, City or 1	own, State, Zip Co erland,	Md. 21502
20s. METHOD OF DISPOSITION 1 □ Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)		Ob. PLACE AND DATE O		Name 7	716 20c.	location – chy Catonsv	or Town, State
21. SIGNATURE OF PURPAGE SERVICE	LICENSEE Kou	Iman		ADDRESS OF ACUT Main Street			nd. 21227
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					6-25-91
PART II. Other significant condit	ions contributing to death	but not resulting in	tha undarlying	csuse given in Part	PERF	AN AUTOPSY FORMED? 2 (LNO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Check o			
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. INJ	JRY AT 280		W INJURY OCCUP	RED
3 Suicide 6 Could not 4 Homicide detarmined	be building, etc. (Sp	RY — At home, farm, streedly)	reet, factory, offici	281	LOCATION (Street, Street, t and Number or ate)	Rural Route Number,	
(Critical Orley	IYSICIAN: To the best of my kno						
29b. SIGNATURE AND TITLE DE CENT	TIEN			D256	86	29d. DATE 8	IGNED (Month, Day, Year) -/4-9/
30. NAME AND ADDRESS OF PERSON Ebrahim Ipakch				d, Towson	, Md.	21204	
31. DATE PILED (Month, Day, Year)	192. RECOSTRAR'S SIG						

2000 PG

per a serie were, and the

urial-transit permit. Pages 1, 2, 3 should

DIVISION OF THE RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHY ICENSIA IN requires that the death certificate be executed within a sure after death. Page 6 may be retained by the hospital or attending p	TO THE FUNERAL DIRECTOR: After this a micrate-had been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the t	be filed within 72 hours after death with the Gladen well, of Health and Mental Hygiene prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The law require	re-has been sig	ater Date, of Hea	em 23 shows
ING PHY ICEOR	ifter this degrine	eath with the 61	marked, or it
AL OR ATTENDI	L DIRECTOR: A	2 hours after de	f item 28 is
TO THE HOSPITA	TO THE FUNERA	be filed within 72	IMPORTANT: I

				1 7 1			2. DATE OF				ME OF DEATH
ALFRED LLOYD	WAT	SON					7 MONTH	22 ^{DAY}	9.		12:30
4. SOCIAL SECURITY NUMBER 243-20-4390	5. SEX 1 M 2 F	6. AGE (In yrs. lest to	YRS. MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF (Month, D	sirth ny. <i>Year)</i> 18-1926		Country)	E (State or Foreign
9a. FACILITY NAME (If not institution, give a	reet and number)		9b. CIT	Y, TOWN O	R LOCATI	ON OF DE	EATH	90	COUNTY		CHROLI
				BALTI	MOKI						
10a, STATE 10b, COUNTY	,		10c. CITY, TOWN	OR LOCATI	ON	_				104	INSIDE CITY
MD.				LMORE						1 🗆	LIMITS? EYES 2 NO
524 CALHOUN STRE	ET			101.	2122			101		SA.	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Vidowed 4 Divorced		TEVER IN U.S. ARMI TYPES 2 NO AR OR DATES			city Cubi	n, Maxica	n, Puarto Rica	Specify Yea or N in, etc.)		Stack, Whi	merican indian, ia, etc. BLACK
15. DECEDENT'S EDUC (Specify only highest grade		16a. DECI	EDENT'S USUAL	OCCUPATIO	N	1	16b. KI	ND OF BUSINES	SS/INDUST	'RY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	kind of work done to NOT use retired.	aunng mot	SE OF WORK	ng					
		Pl	RODUCE								
17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NA	ME (First, Mide	fle, Maiden Surn	ame)		
19a. INFORMANT'S NAME (Type/Print)		1405	MAN NO ADDRES	0.00				O	. 71 0	4-1	
CRYSTAL WATSON		190.	MAILING ADDRES	o (Street E)	ng Ivumbe	or nurei.	noute Number,	City or lown, St	irie, zip Coo	30)	
		28b. PLACE OF	F DISPOSITION (lame of cerr	netery, cre-	natory or.		20c. LOCATI	DN — City	or Town, S	tate
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Ram 4 Donation 8 Other (Specify)	oval from State	other place	m 500	7	200	=37		OW	in la	SM	ills M
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22	NAME AN	D ADDRE	SS OF FA	CILITY	0	03	3/11	
VI ON I Chan	115/1	BUDOL.		Josep	oh H	. Br	own Jr	. P.A.			
22 DART I Sette the discourse and								St. Ba			21223.
23. PART I. Enter the diseases, or cahock, or heart fellure.			tn. 90 not ente	r the mo	de or dy	ing, auc	n aa cardia	or raspirato	ry arrest,	'	Approximata Interval Batwo
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resulting in deeth) Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSEQUE (OR AS A CONSEQUE (OR AS A CONSEQUE	JENCE OF):	10:	576	ATTE	E (ANG	256	2	Onset and De
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1991

31. DATE JUST (MORE DAY)

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) TYPO.

Fina Sandson Mendell

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N OF VITAL RECORDS, P.O. BOX 68760,

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uires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should Heatth and Mental Hygiene prior to burial, cremation, or removal.	we any injury or other traumatic event the medical avantage must be settled at
Jat	a de	7
S	高年	2
uire	Sig	34

BALTIMORE, MARYLAND 21215-0020

	1. DECEDENT'S NAME (First, Middle, Last) RUSSELL		WALK		JR	DEATH	2. DAT	REG. I	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 212-96-5058	5. SEX 6.	AGE (In yra. lest birtho	MONTHS	DAYS	IF UNDER 24 HRS	(Mor	E OF BIRTH	r)	Countr	18:10
~	90. FACILITY NAME (If not institution, give s 3216 WOODLAND AV	street and number)	21			OR LOCATION OF	DEATH	-26-19		DAT	to., MD
DIRECTOR	RESIDENCE OF DECEDENT					TIMORE	CITY				
AL DIRE	MARYLAND 100. STREET AND NUMBER	Y	10c.	CITY, TOWN	ALTI	MORE (CITY		T		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNER	3216 WOODLAND	AVENUE				212	15		log. Ci	US	A COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Married 3 Vidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 NO	13.	WAS DEC	ecify Cuban, Mex 2 X NO Spe	PANIC ORIGI ican, Puerto icily:	IN? (Specify Rican, atc.)	Yes or No-	14. RACE Black Speci	— American Indian, c, Whita, atc.
IPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDEN (Give kind life. Do NO	IT'S USUAL Of of work done Of use retired.)	during mo	ON ist of working	16	b. KIND OF	BUSINESS/IN	IOUSTRY	
BE COMPL	17. FATHER'S NAME (First, Middle, Lest) RUSSELL WALKE	ER, SR.				18. MOTHER'S VIRO		Middle, Meid			
10	19a. INFORMANT'S NAME (Type/Print) VIRGINIA WALKE	r.R				AND A					21215
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem		20b. PLACE AND DA	TE OF DISPOS	SITION (Na	ime of	OA"		LOCATION -		
	4 Donation 5 Other (Specify) 21. SIGNATURE-OF FUNERAL SERVICE LIC		WESTER	N STA	AR C			BA	LTIM	ORE,	MARYL
	THE STATE OF THE SERVICE EN	ENSEE			NAME A	ID ADDRESS OF	FACILITY				
	23. PART I. Enter the diseases, or cahock, or hear failure. iMMEDIATE CAUSE (Final disease or condition	O No.	on each line.	I L Do not enter	LERO 4600 r tha mo	LIBEF de of dying, s	YETT RTY H	ETGE	ITS A	VENII	E 2120' Approximatinterval Be
ERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure.	DUE TO (OR	on each line.	22. I L Do not enter CTIC I E OF):	LERO 4600 r tha mo	Y O. I	YETT RTY H	ETGE	ITS A	VENII	E 21207 Approximat
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PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the disease, or a shock, or heart failure. iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Immediate or Natural State of Could not be detarmined 29e. CERTIFIER CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (Check only) CERTIFYING PHYSIC (CHECK only) CERTIFYING PHY	DUE TO (OR DUE TO	NAROX AS A CONSEQUENCE AS A C	22. I Do not enter CTIC I E OF): E OF): E OF): Time OF INJURY Time OF INJURY To op M curred at the 1	LERO 4600 r tha mo INTOX INTOX anderiying 26. PL R: rsing Hom 28c. INJ 1	LIBEF de of dying, a (ICATION ACE OF OEATH (5 & Residence BY AT RES 2 NO	In Part I. Check only o a 8 Other 28d. DE 28d. DE as to the case ime, date	24a. WAS PERF PERF PERF PERF PERF PERF PERF PERF	AN AUTOPSY OR MED 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	rrest, 24b. CCURED AVE onted. the cause(a)	WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

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TO THE HISPITAL OR ATTENDING PHYSICIAN: The law requires this the dean certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	cer	be filed within 72 hours after death with the State Debt. of Health and Montal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITA	TO THE FUNERA	be filed within 7	IMPORTANT: I

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	FOR 1 - STATE REGISTRAR		STATE OF MA		DEPAR ERTIFI					MENTAL	HYGIENI REG. NO.	91	1	9892
	1. DECEDENT'S NAME (First, Midd	die, Last)	m L Esr.	ique Ar						2. DATE	OF OEATH	_	YEAR	3. TIME OF OEATH
	SOCIAL SECURIFICATION		5. SEX 6	AGE (In yrs. les		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (OF BIRTH (192	/	8. BIRTH Countr	IPLACE (State or Foreign
	9e. FACILITY NAME (If not instituti	100	1 M 2 F	6	7 YRS.				ON OF DE		14/192	9c. COUN		
10R	Loch Raven Ve		ns Hospit	al		Bal	timo	re (City					
DIRECTOR		. COUNTY			10c. CITY	alti	n LOCAT	ion e Cit						10d. INSIDE CITY LIMITS?
AL D	10s. STREET AND NUMBER				ŀ			ZIP CODE	,			10g. CITI	ZEN OF V	1 X YES 2 NO
FUNERAL	511 South Bo			7/F0 W U 0 40		1 40.1			21231					States
B⊀	1 Never Married 2 Merr 3 Widowed 4 Divorced		12. WAS DECEDENT I FORCES? 1 & IF YES, GIVE WAS	YES 2 N	Ю	1	f, yea, spe	city Cuba	n, Mexicar Specify	, Puerto F	17 (Specify Yes Rican, atc.)	or No.	Speci	e — Americen Indian, k, White, etc. My: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4 or 5 +) Merc					vork done of retired.)	during mo	st of worldr		16b.	KIND OF BUS	SINESS/IND	USTRY	
BE COM	17. FATHER'S NAME (First, Middle,		Arre	dondo				18. MOT	HER'S NAI	ME (First, A	Middle, Maiden	Surnama)		
5	190. INFORMANT'S NAME (Typo/P Burnetha Lock										ber, City or Town		Code)	
	20g: METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 4 Donetion 5 Other (Special		rel from State	20b. PLACE Other ph						22/91	20c. LO	cation —	City or To	wn, State Maryland
	21. SIGNATURE OF FUNERAL SE	ervice Lice	Selen	ski		Li	lly	& Ze		, Ir	nc. Fur			
	23. PART I. Enter the disees whock, or heart IMMEDIATE CAUSE (Final diseese or condition resulting in death)	ses, or co fellure. Li e.	st only one cause	caused the de on each line of S	hoc	K	the mo	de of dy	ing, suct	n se card	fiac or respi	ratory srr	est,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		Deh	PH AS A CONSE	119 DUENCE OF	F):								2 days
ERTIF	thet initiated events resulting in death) LAST	d.	00 00 (0	H AS A CONSE	JUENCE OF	-):								
PHYSICIAN: MEDICAL C	PART II. Other significent c	conditions	contributing to d	eath but not i	resulting (in the un	derlying	cause (given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	246	MERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED TO ME EXAMINER?		HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only or	ne)			
HYSI	1 TYES 2 NO 27. MANNER OF DEATH		1 No Inpetient 2 1 1	JURY	28b. TIM	4 🗆 Nun	aing Hom 28c. INJ	URY AT	esidence		or (Specify) SCRIBE HOW I	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pend 2 Accident Inves	ding stigation	(Month, Day			M	1 🗆 1	PIK? YES 2 [□ NO					
	3 Suicide 6 Cout 4 Homicide deter	id not be rmined	28e. PLACE OF building, at	INJURY — At he	rne, farm, :	street, fact	ory, offic			26f. LOC City	ATION (Street a or Town, State)	and Number	or Rurel i	Route Number,
COMPLETED	one)		IAN: To the best of m											e) end menner es stated.
BE	296. SIGNATURE AND TITLE OF	CERTIFIER	NO To	Hem				29c. LIC	ense nun	ABER		29d, DAT	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PER	RSON WHO	COMPLETEO CAUSE	OF DEATH (ITE	M 27) (Type	Print)	Fe. 11	STO.	16	ZOH	mer	0,14	0	5 5 1
	31. PATE FILED (Mg/lith, Day Your)	Li	32. BEGISTRAR	s signature	b	JUN	1010	310		>UU	71)4	C/V-(سا	

BALTIMORE, MARYLAND 21215-0020	be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
LAND 2	the hospital o
, MARY	be retained by
IMORE	Page 6 may
BALT	s after death.
	24 hour
0X 68760,	executed within
0	2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

10 HE WAS A RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

10 HE WAS A RATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_1	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMEN CERTIFICAT	T OF HEALTH AND	MENTAL HYGIEN		19893
	1. DECEDENT'S NAME (First, Middle, Last) ANDREW		ABRAM	5	2. DATE OF DEATH	k9 1 99	1 11:35 A
	4. SOCIAL SECURITY NUMBER 2/6-10/7548	18 1 6:	3 YRS. MONTHS		7. DATE OF BIRTH (Month, Day, Year)	28 B	ATHPLACE (State of Foreign untry) ATO, MC.
STOR	HOME-1939 PENNSYI			RAL TIMORE		9c. COUNTY OF	FOEATH
DIR	DATHAN 10b. COUNTY		10c. CITY, JOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
VERA	1939 Tennsy	12. WAS DECEDENT EYER IN	Ave.	101. ZIP CODE 2/2/	7	U,	S, H
B	1 Neves Married 2 Married 3 Widowed 4 Olvorced	FORCES? 1 YES	2 NO	I. WAS DECENDENT OF HISPAI If yes, specify Cuben, Maxico 1 YES 2 NO Specif	in, Puerlo Ricen, etc.)	81	ACE — American Indian, ack, White, etc.
COMPLETED	15. OECEDENT'S EDUC. (Specify only highest grade of Elementary/Secendary (0-12)	College (1-4, or 5 +)	16s. DECEDENT'S USUAL. (Give kind of work don life. Do NOT use retired.	e during most of working	16b. KIND OF BU	SINESS/INDUSTRY	101
BE CON	17, FATHER'S NAME (First, Middle, Last)	rown		SAR	ME (First, Middle, Meiden	Spranto)	m5
2	MIS REGION	WAIKER	19397	SS Greet and Number or Parel ENDA AUC	Route Number, City or Tow	m, State, Zip Code)	1,21217
	20a. METHOD OF DISPOSITION 1	val from State cemet	ACE AND DATE OF DISPO	villerar	un A	CATION — City of	Town, Stand
	Yosiph.	L. Rus	2 3	DOSOP PORTSON	lorth A	unerr	sicial Disk
	23. PAYT I. Entar the diseases, or concendent, or haert failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	net only one ceuse on aac	note cr	TWO LOVA S LULI			Approximata Interval Between Onset and Death
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A C	CONSEQUENCE OF):				
	CAUSE (Disease or injury that initiated evente resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):				
A I	PART II. Other algnificent conditions	contributing to death but	not resulting in the u	inderlying cause given in	Part I. 24s. WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
: MEDI					1 TYES 2	- NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	orn 3 DOA 4 DA	28. PLACE OF DEATH (Chi R: Iraing Home XX) Residence			
BY PHYSICIAN: MEDIC	7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED	
a	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — building, etc. (Specify,	At home, farm, street, fac	ctory, office	261. LOCATION (Street a City or Town, State)	and Number or Rura	I Route Number,
COMPLET	9e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI CONE) 2 MEDICAL EXAMINER:	IAN: To the best of my knowled : On the basis of axamination a	ige, death occurred at the ind/or investigation, in my	time, data end place, and due opinion, death occured at the	to the cause(s) and mar time, date and place, an	nner as stated.	(s) and manner as stated.
BE 2	9b. SIGNATURE AND TITLE OF CERTIFIER WOLVEL THE	Mho		29c, LICENSE NUM		29d DATE SIGNE	20°11, Day 1'991.
	D. NAME AND ADDRESS OF PERSON WHO YAMY DYMAN 1. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEATH	1	11 PENN STRE	ET BALTIM	ORE, MAI	RYI AND 21201
	JUL 24 1991 g	Phila Davidson-Ros					

State Land

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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We seem that the sear requires that the death certificate be executed within 2-wours after death. Page 6 may be retained by the his	5 should		is the market or item 23 shows any injury or other traumatic event the medical examinar must be notified at energy
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290. SIGNATURE AND TITLE OF CERTIFIER

19894 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1, DECEDENT/S/NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 9 5. SEX 6. AGE (In yrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 | M 2 | F DAYS 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH FUNERAL DIRECTOR CEDEN 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO nove 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elamentery/Secondery (0-12) College (1-4 or 5+) COMPL 17. FATHER'S NAME (First, Middle, Last) orge BE INFORMANT/S NAME (Type/Print) 19b. MAILING ADDRESS (Street and A 2 Or 20a. METHOD OF DISPOSITION

1 B Surial 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of ce 20c. LOCATION 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LICENSES 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, **Approximate** shock, or heart failure. List only one cause on each line. Interval Batween Onset and Death IMMEDIATE CAUSE (Final 13 HEIME disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentielly list conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting PART II. MEDICAL PHYSICIAN: 25. WAS C EXAM 1 - Y 27. MANNE

ART II. Other algolficant condition	e contributing to death but no	ot resulting in the	undarlying cause given in	Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	AMINER? / HOSPITAL:		26. PLACE OF DEATH (Ch ER: lursing Home 5 - Residence			1 1 120 2 1 100	
MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	28d, DE	28d, DESCRIBE HOW INJURY OCCURED		
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, street, f	actory, office	28f. LOCATION (Street and Number or Rural Flout City or Town, State)		r Rural Route Number,	

2 MEDICAL EXAMINER: On the basis of axam

29c. LIGENSE NUMBER

Demisory / (2 WW)	1 1/8/11 1 4/3/9/
AND A COMPLETED CAUSE OF GENTH (ITEM 27) (Type, Princ)	12 m - 831 poras GRAO Barn nd. 212
11 2 4 1991 July Davidson-Rondelle	

29d, DATE SIGNED (Fronth, Day, You

permit Pages 1, 2, 3 should

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pinous s		notified
page		be
lirector,		r must
funeral (xamine
RECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be det	rurs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	and 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
Filled	n, or	m au
pletely	crematic	rent, th
DO DO	urial,	tic en
an ar	r to b	Buma
Mysic	e pric	er tra
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e after	lental	UN.
5	A pur	y In
Bued	safth s	1 3n
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has b	Dept.	23
ficate	State	Item
Certi	the	1. 0
this	h with	arked
After	death	E E
10R	after	28 1
E	SUL.	E

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI				SIENE . NO.	
8	1. DECEDENT'S NAME (First, Middle, Last) GEORGE	W BUH	RKE			2. DATE OF DEA WONTH JULY	TH DAY 1991	ar 8:50 Pm
	4. SOCIAL SECURITY NUMBER 218 - 09 - 7740	1×1 M2 = 7	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y	'u e i	BIOTHOLACE (State or Foreign
TOR	90. FACILITY NAME (If not institution, give a Good Samaritan Horsespence of Decement		9		nore City		9c. COUNTY	OF DEATH
DIRECTOR	10s. STATE 10s. COUNTY	٧		timore			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗌 NO	
FUNERAL	3800 Mary Ave.			101	21206			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 [X] YES IF YES, GIVE WAR OR DA	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 [X] NO Specifi	in, Puerto Ricen, at		RACE — American Indian, Black, White, atc. Specify: White	
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed) ritary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL O (Give kind of work done life. Do NOT use ratired.)					ire Co.	RY
M	17. FATHER'S NAME (First, Middle, Last)		Valcani	. 201	16 MOTHER'S NA	ME (First, Middle, A		
ö	Harry Burke	٩			Doro			leston
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING A	DDRESS (Street a			or Town, State, Zip Coo	
5	Mrs. Virginia War			Cedar	Lane	Kings	ville,MD	21087
	1 X Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		emetary, crematory of		,			
	21. SIGNATURE OF FUNERAL SERVICE LI	censer Paul L. Har	tsock,Jr.	22, NAME A	ND ADDRESS OF FA	Bal	timore,MD	21214
NO	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	ACUTE B. DUE TO (OR AS A	nch lina.	DIAL			reapiretory arrest	interval Between Onset and Desth
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):					
		0.						
PHYSICIAN: MEDICAL	PART II. Other algnificant condition	na contributing to death be	ut not reaulting in	tha underlyin	g cause given in	P	MS AN AUTOPSY ERFORMED? YES 2 1 NO	S. SHRTHPLACE (State or Foreign GOUNTY OF DEATH 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. OF NO- 14. RACE — American Indian, Black, White, etc. Specify: White INESS/INDUSTRY CO. Sumame) Littleston J. State, Zip Code) Le, MD 21087 CATION — City or Town, State Jair, MD One, MD 21214 5305 Harford Rd. Approximate Interval Between Onset and Desth AUTOPSY MED 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NJURY OCCURED
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		
SI	1 TYES 2 NO	1 Minpatient 2 - ER/Outp		OTHER:	ne 5 🗆 Residence	6 Other (Speci	fy)	
ВУ РН	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJU	RY W	JURY AT ORK? YES 2 NO	26d, DESCRIBE	HOW INJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Hornicide determined	28e. PLACE OF INJURY building, etc. (Spec	— Al home, farm, str	set, factory, offic	50	28f. LOCATION (City or Town		Rural Route Number,
COMPLETED	one)	SICIAN: To the best of my knowl IER: On the bests of examination						ause(a) and manner as stated.
TO BE	Theras	PGY-1	70		NONE	MBER	≥ JU	LY 22, 1991
F	V	NAL , GOOS	SAMARI	TAN H	FORPITAL	BALT	TIMORE,	mp.
	JUL 24 1991	32 REGISTRAR'S SIGN	ATURE					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	ages 1, 2, 3 should	
by be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Deci: of Health and Mental Hydiene prior to burial, cremation, or removal.	be notified at once.
VSICIAN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, p ne orior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ENDING PHYSICIAN: The law requires that the death certif	IR: After this certificate has been signed by the attending physician and completely filled in by the fun are death with the State Debt. of Health and Mental Hydiete prior to burial, cremation, or removal.	Is marked, or item 23 shows any injury, or oth
THE HISPITAL OR ATT	ETHERAL DIRECTL	MPORTANT: If Item 20

1. DECEDENT'S NAME (First	Miridle I and		OLIT			DEA		2. DATE C	REG. NO			3. TIME OF DEATH
	, Miloule, Larsty	Otis	Bynum					MONTH	DEAIN	AY	YEAR	7:30 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. lest bir		R 1 YEAR		R 24 HRS.	7. DATE 0	F BIRTH Day, Year)	7	6. BIRTHE	PLACE (State or Foreign
246-38-0626		1 M 2 F	72	YRS. MONTHS	DAYS	HOURS	MIN.	Tan		70	Nor	th Carolir
90. FACILITY NAME (II not le 3620 Coop	nstitution, give s	treet end number)					ION OF D		7 - 40		NTY OF DE	ATH
RESIDENCE OF DE		le		I	ando	ver				Prin	ce G	eorge's
10a. STATE	10b. COUNTY			De. CITY, TOWN								10d. INSIDE CITY LIMITS?
Maryland		e George	'S	Temple						,		1 YES 2 NO
3602 Porta					101	207				10g. CITI		HAT COUNTRY?
11. MARITAL STATUS			T EVER IN U.S. ARMED) 13.	WAS DEC			NIC ORIGIN?	(Specify Ye	o or No-	14. RACE	- American Indian,
1 Never Married 2		FORCES? 1	YES 2 NO				an, Mexica Specif	n, Puerto Ri y:	ican, atc.)		Black, Specify	White, atc. Black
3 Widowed 4 Divi								1				DIACK
(Specify on	y highest grade	completed)	(Give i	DENT'S USUAL O dind of work done NOT use retired.)	during mo	on ast of work	ing	166.	KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	"	Farm	er				Pr	rivate	е	
17. FATHER'S NAME (First, A						18. MOT	THER'S NA	ME (First, M	iddle, Malden	Surneme)	15	
William		Bynum					Cla		Dur			
Barbara		ight		AILINO ADDRES								
20e. METHOD OF DISPOSIT		Igiic .		02 Por			Temp	le Hi		Md 20		un State
X Burial 2 Crematic	on 3 M Rem	oval from Stata	of cametary, cre	matory or other Cemet	place)	(ivaine		DATE	100	kson		
21. SOUN CTUINE OF FUNER		CENSEE	0.1				ESS OF FA					
te diame		MA	- 0-8		74 -				ns F			
23. PANT I, Enter the c	liseases, or	complications the	it caused the death	Do not ente	r the mo	de of dy	ver	KOACI/	Lando	liretory an	Mol 2	Approximate
shock, or h	tallure.	List only dos car	ise on each line									Interval Betwee
disease or condition resulting in death)	→	. SAU	COMOLIGIO (OR AS A CONSEQUE	s cel	1 6	a	Le (usu	6	mine	my	of near
		DUE TO	(OR AS A CONSEQUE	NCE OF):					10	level	de	1
Sequentially list condi-		b	(OR AS A CONSEQUE	NCE OF								
If any, leading to imme cause. Enter UNDERLY	ING	502 10	(4.1 No N CONSCOUR	ande or j.								
CAUSE (Disesse or Injuthat Initiated events	ury 1	DUE TO	(OR AS A CONSEQUE	NCE OF):								
resulting in death) LAS	Т	d										
PART II. Other signific	ant condition	ns-contributing to	dasth but not resu	uiting in the u	nderlyin	g cause	given in	Part I.		N AUTOPSY	24b.	WERE AUTOPSY FINDING
Kemer	Kagi	1 am	una.	con	DW	1	ren	al	PERFO			AVAILABLE PRIOR TO COMPLETION OF CAUSE
Laile	ne	Luchia	herens	res					1 123	L US NO		OF DEATH?
U	1		,					7			A	
25. WAS CASE REFERRED EXAMINER?	O MEDICAL	HOSPITAL:		ОТНЕ		LACE OF	DEATH (C	neck only one	9)			
1 YES 2 NO		1 - Inpatient 2	ER/Outpatient 3 🗆	DOA 4 N	rsing Hon	_	Rasidence	6 🗆 Other				
	Pending	28a. DATE Of (Month, i	Pay, Year)	66. TIME OF	28c. IN.	JURY AT DRK?	NO	28d, DE\$	CRIBE HOW	INJURY OC	CURED	
27. MANNER OF DEATH			OF INJURY - AI home	, farm, street, fa				28f. LOC/	ATION (Street	and Numbe	r or Rural A	loute Number,
27. MANNER OF DEATH 1 Natural 8 2 Accident	Investigation	28e. PLACE				,			or Town, State			
27. MANNER OF DEATH 1 Natural 8 2 Accident		28e. PLACE (building	, etc. (Specify)		1/1	1						
27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 8 Hornicide 29a. CERTIFIER	Investigation Could not be determined	building	, etc. (Specify)	occurred at the	1lme, det	and plac	e, and du	to the cau	se(s) and me	nner as sta	ted.	
27. MANNER OF DEATH 1 Natural 8 2 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only 1 CER	Could not be determined	building	f my knowledge, death) and manner se stated.
27. MANNER OF DEATH 1 Natural 8 2 Accident 3 Suicide 8 Homicide 29a. CERTIFIER (Check only 1 CER	Investigation Could not be determined TIFYINO PHYS	building	f my knowledge, death			death occ		time, date		nd due to ti	he cause(s) and manner ee stated.
27. MANNER OF DEATH 1 Netural 8 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only one) 2 MEE	Investigation Could not be determined TIFYINO PHYS	building	f my knowledge, death			death occ	ured at the	time, date		nd due to ti	he cause(s	and manner ee stated. (Month, Day, Year)
27. MANNER OF DEATH 1 Natural 8 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 29b. SIGNATURE AND TITL	Investigation Could not be determined ITIFYINO PHYS DICAL EXAMINI E OF CERTIFIE LUG REPERSON WITH	building HCIAN: To the best of the basis of	f my knowledge, death examination and/or inve	etigation, in my		29c. Lit	CENSE NU	MBER GRIANO	f JR., N	29d. DAT	re signed	
27. MANNER OF DEATH 1 Natural 8 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 MEI 29b. SIGNATURE AND TITL	Investigation Could not be determined ITIFYINO PHYS DICAL EXAMINI FOR CERTIFIE LUCI FOR PERSON WITH AND THE PERSON WITH AND	BUILDING TO the best of the season of the se	f my knowledge, death	etigation, in my		29c. LK	CENSE NU	MBER GRIANO	and place, e	29d. DAT	re signed	

DHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

RESORDS, P.O. BOX 68760,

DIVISION OF VIT

	1. DECEDENT'S NAME (First, Middle, Last) EARBARA	HENRIETTA		BR	OWN				YEAR	3. TIME OF DEATN 11:08 P M	
	4. SOCIAL SECURITY NUMBER 213-34-8047	1 M 2 XF 78	(In yrs. last bir	YRS. MONT	MDER t YEAR THE DAYS	IF UNDER 24 HRS. HOURS MIN.	O7 2 7. DATE OF BIRTIN (Month, Day, Year) Sept. I	2 9 1912	BIRTHPI	LACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give st 1228 WEST I ANVA					OR LOCATION OF D	DEATH	9c. COUNT			
DIRECTOR	Maryland 10b. COUNTY	,			wn or local					10d. INSIDE CITY LIMITS? 12 YES 2 NO	
FUNERAL	100. STREET AND NUMBER 1228 W. Lanval	le Street			101	7. ZIP CODE 21216		10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2 NO					13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea If yea, specify Cuban, Maxican, Puerto Rican, etc.) 1 ☐ YES 2X XNO Specify:			American Indian, White, atc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	(Give kind of life. Do NOT (Bite. Do NOT (College (1-4 or 5 +)					rs usual occupation of work done during most of working use relied.) ng Assistant Convalescent Home				
BE CON	17. FATHER'S NAME (First, Middle, Last) John M. Brown	17. FATHER'S NAME (First, Middle, Lest)					AME (First, Middle, Malden Matthews	Sumame)			
TO B	George Brown		196. M/	2 Up	RESS (Street a	and Number or Rural	Route Number, City or Tow	vn, State, Zio Co	21:	229	
	George Brown 102 Upmanor Road Baltimore, MD 21229 20a_METHOD OF DISPOSITION 1 Pauriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place And Date of Disposition/(Name of Pauriel 2 Octoor Town, State Western Or Office of Table Cemetery 7/27 Catonsville, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICE	and	nas	/	Marsh 4101	nall W. Edmond	Jones,J Son Aveni	r Fune	eral	1 HomePA	
	23. PART I. Enter the diseases, or conshock, or heart failure. LIMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HYPER TENDUE TO (OR AS A	SIVE	CARDI	ntar tha mo	da of dying, suc	ch as cardiac or reap	iratory scress	l,	Approximate interval Between Onset and Desth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST										
EDICAL CE	PART II. Other significant conditions	contributing to death b	out not rasul	iting in the	underlying	cause given in	Part I. 24s, WAS AN PERFOR		- AN	ERE AUTOPSY FINDINGS WILABLE PRIOR TO	
Σ							1 TES 2	XNO	O	OMPLETION OF CAUSE F DEATH?	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		- CTI		ACE OF DEATH (Ch	eck only one)				
IXSI	1X YES 2 NO	1 Inpetient 2 ER/Outp		DOA 4 🗆	IER: Nursing Nome	Residence	6 Other (Specify)				
ву Рн	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)		b. TIME OF INJURY		RK? 'ES 2 NO	28d. DESCRIBE HOW II	NJURY OCCUR	EΟ		
ETED	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, to	lerm, street,	tactory, office	,	281. LOCATION (Street a City or Town, State)	ind Number or I	Rural Flout	te Number,	
COMPL	2 MEDICAL EXAMINER	CIAN: To the best of my knowl	ledge, death o	ecurred at ti	ne time, date	and piece, and due	to the cause(a) end men time, date end placa, an	iner as stated, d due to the co	ouse(s) a	nd manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER NONald & 1	Which ME)			O.C.M	200	29d. DATE SI		onth, Day, Year) 3 / 1.991	
	DONALD G. WRIGHT		ENN STE		BALTI	MORE, M	ARYLAND 2	1201			
	JUL 24 1991	32. REBISTRAR'S SIGNI		dell							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMN-16 Rav 1/89

- 7-- 142 wito

THE DESCRIPTION OF THE PERSON

. .

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner mitst. be putitled at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR		CERTIF	ICALE	L DEAL	П	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) ROSIE Line BET	HEA				2.	DATE OF DEATH	YE.	3. TIME OF DEATH 12:54 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday) YRS.	MONTHS DAY		24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)	8. 6	SIRTHPLACE (State or Foreign Country).		
	9a. FACILITY NAME (If not institution, give	X	68	95 CITY TOV	N OR LOCATIO	N OF DEATH	1-29-	9c. COUNTY	OE DEATH		
POR	CHURCH HOSPITA		RATION		96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH						
EG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE										
FUNERAL DIRECTOR	mD,			BALTO, LIMITS?							
RAL	10e. STREET AND NUMBER	nhace	91		101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?						
N N	11. MARITAL STATUS	12. WAS DECEDE	T EVER IN U.S. ARMED				ORIGIN? (Specify Yes	or No — 14.	RACE American Indian,		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES		YES 2 NO	, Maxican, P Specify:	varto Rican, etc.)		Black, White, etc. Specify C1/10		
	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S	WORK done during the retired.)	ATION most of working	,	16b. KIND OF BUS	INESS/INDUST	'RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 6	+) Nursi		-						
MO	17. FATHER'S NAME (First, Middle, Last)		1/14.3/	7 7		ER'S NAME	(First, Middle, Maiden S	Sumame)			
BE C	William MC	DONAL	d	- 45	I	10 1	111/501	2			
2	190. INFORMANT'S NAME (Type/Print) JOHN BEAF	Thea.	19b. MAILING	ADDRESS (Str	eet and Number	or Rural Rout	Number, City or Town	State, Zip Coo	10)		
	20 METHOD OF DISPOSITION		20b. PLACE ANO OAT		ION (Name	/34	.9ATE 20c. LOC	CATION — City	or Town, State		
1	1 Burial 2 Cremation 3 Ren 4 Bonation 5 Other (Specify)		of cemajory, cremator	0.12	1		125 13	110	·ma		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAM	E AND ADDRES	S OF FACILI	7 /				
3	15115 F	MACKAI	Home	h	129N	10	Akolin	0 9	7		
	23. PART I. Enter the diseases, or shock, or heart fellure.			not anter the	mode of dyir	ng, such a	a cardiac or respir	ratory arrest	interval Between		
	IMMEDIATE CAUSE (Final disease or condition COVO NO (QV A COMPANY A GGO)										
	a. Cere (Let Q V TENTITION) a. OUE TO (OR AS A CONSEQUENCE OF):										
NO	Sequentially list conditions, Dut TO (OR AS A CONSEQUENCE OF): Jeans										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		(on no n conceded to c	or y.							
H	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	O (OR AS A CONSEQUENCE O	OF):							
#	resulting in death) Exist	d									
	PART ii. Other significant condition	ns contributing t	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	In the under	ying cause g	Iven in Pa	rt I. 24n. WAS AN. PERFOR		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
EDICAL	Multisystem	organ	taclare				1 - YES 2	□ NO	COMPLETION OF CAUSE OF DEATH?		
Σ		/			_		-		1 TES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			2	8. PLACE OF DE	EATH (Check	anly one)				
Sic	EXAMINER? 1 VES 2 1 10 OTHER: 1 Nursing Home 5 Residence 6 Other (Specify)										
	27. MANNEY OF DEATH 1 Netural 5 Pending Investigation	26a. DATE O (Month,	F INJURY 28b. TI Day, Year) IN	JURY	INJURY AT WORK?		8d. DESCRIBE HOW II	NJURY OCCUR	ED		
TED BY	2 Accident 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE building	OF INJURY — At home, farm, atc. (Specify)	, street, factory,	offica	20	81. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
COMPLETED	Check only	SICIAN: To the best	of my knowledge, death occur	rred at the time,	data and place,	and due to	the cause(a) and man	ner as stated.			
COM			examination and/or investigat	tion, in my opini	on, death occur	ed at the tim	na, data and place, an		ause(e) and menner as stated.		
38 C	296. SIGNATURE AND TITLE OF CERTIFI	m, N	ID	7	Sac FICE	F 03	34	29d. DATE S	GNID (Month, Dev. Veer)		
5	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CA	USE OF DEATH (ITEM 27) (Typ	huro	6 Ho	seiti	7	21231			
	31. DATE FILEO (Month, Dey, Year)	0	VAR'S SIGNATURE		1100	1	1-1		US9		
	JUI 24 1991	gupa wand	son-Randelle								

has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR ATTENDING PROTOES TO THE FUNERAL DIRECTORS.

De filed within 72 hours after

IMPORTANT: If Item 28 is marred.

Margarita P.
31. DATE FILED (Month, Day, Year)

1111 2 4 1991

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-4114-510						91	19899		
1 - STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN	NE .	1000		
1. DECEDENT'S NAME (First, Middle, Las	()	Bilynsky Bilynski)		2. DATE OF DEATH		3. TIME OF DEATH		
Wasyl 4. SOCIAL SECURITY NUMBER		Bilynski GE (In yrs. last birthday)	IF UNDER 1 YEAR		07 2	1 199	91 8:53 A		
094-24-9761	1 XX 2 - F	81 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 02/22/19		BIRTHPLACE (State or Foreign Country) UKTAINE		
9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF E		9c. COUNTY	OF DEATH		
16 S. Patterson	Park Avneue		Balt	nore City					
10e. STATE 10b. COUN	TY		, TOWN OR LOCA				10d. INSIDE CITY LIMITS?		
Maryland 100. STREET AND NUMBER		Ba	ltimore	City			1 X YES 2 NO		
16 S. Patterson	Park Ave.		1	21231			OF WHAT COUNTRY?		
11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPA	ANIC ORIGIN? (Specify Ye		ed States RACE - American Indian,		
1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y		If yes, s	ocity Cuban, Mexic 3 2 X NO Spec	an, Puerto Rican, etc.)		Black, White, atc.		
15. DECEDENT'S EC	UCATION	16a. DECEDENT'S	USUAL OCCUPATI	ON	166, KIND OF BU		White		
(Specify only highest gra-	de completed) College (1-4 or 5 +)	(Give kind of w life. Do NOT us	rork done during m e retired.)	ost of working					
		Cook			Hospi	tal - N	New Jersey		
17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme)									
19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
Lidia Teluk 15117 Honsena Dr. centreville, Va 22020									
200, ME HOD OF DISPOSITION 1) Burlel 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)	20b, PLACE AND DATE OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION (Name of Committee of Com								
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lilly & Zeiler, Inc. Funeral Homes									
Megaba			1901	Lastern	avenue Ra	alto	MD 21271		
23. PART i. Entar the diseases, or shock, or heart fellure	complications that cause. List only one cause or	sed the death. Do not aech line.	ot anter tha mo	ode of dying, suc	ch as cardiac or reap	iratory arreat,	Approximata Interval Batween		
iMMEDIATE CAUSE (Final disease or condition	ATHER -	Onset and Death							
resulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	ic (b	פרומו והי	curpa	017020	.03		
Sequentially list conditions,	b								
If eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUENCE OF):						
CAUSE (Disease or Injury that initiated eventa	C. DUE TO (OR A	S A CONSEQUENCE OF):						
resulting in dasth) LAST	d								
PART ii. Other significant condition	ns contributing to desti	but not resulting in	the Underlyin	g causa given in	Part I. 24e. WAS AN	AUTOPSV	24b. WERE AUTOPSY FINDINGS		
					PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						,	OF DEATH?		
					TUSPE	9700			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
1 XYES 2 NO 27. MANNER OF DEATH	27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCUPED								
1 Netural 5 Pending									
a C culater —	3 Suitelde 6 Could not be 28s. PLACE OF INJURY — Al home, larm, street, factory, office 28s. LOCATION (Street and Number or Rural Route Number, building, set, (Spacific))								
290. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my kn	Owledge death security	l at the time of the	and plant and a	L				
							use(s) and menner as stated,		
29b. SIGNATURE AND TITLE OF CERTIFI				29c. LICENSE NUI			INED (Month, Day, Year)		

1991

Baltimore Maryland

07

22

O.C.M.E

111 Penn Street.

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ell MD 32. REGISTRAR'S SIGNATURE Lie Davidson-Randare 16967 16

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	N	Affe
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	Š	日本
	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after deat	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun filed within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.

ŀ	1. DECEDENT'S NAME (First, Middle, La								2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	CATHERINE 4. SOCIAL SECURITY NUMBER	Elmyra			ROTEMA				07	1	9	91	10:00mm	
	216-01-3115	5. SEX	6. AGE (In yr	s. lest birthday) YRS.	IF UNDER 1 Y	YEAR DAYS	HOURS	24 HRS. MIN.		OF BIRTH		Count	HPLACE (State or Forei	
	9a. FACILITY NAME (If not institution, gin		- 0,	L THS.	9b. CITY, TO	2000			(Month, Dey. Year) 04/24/09 Country) Maryland EATH Sec. COUNTY OF DEATH					
ECTOR	416 S. SMALTWO						ORE	ON OF DEA	ATH		9c. COU	NTY OF I	DEATH	
E	Md . 10b. COU	NTY		Baltimore									10d. INSIDE CITY XLIMITS? 1 YES 2 NO	
FUNERAL	416 S. Smallwo			10f. ZIP CODE 21223			3		10g. CIT	U.S	A.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Divorced IF YES, GIVE WAR OR DATES			D 13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Maxical 1 YES 2 NO Specify			n, Maxican.	in, Puarto Rican, etc.)			Spec	14. RACE — American Indian, Black, White, atc. Specify: WHITE	
TED	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	164	DECEDENT'S	work done durii	UPATION ing most	N t of workin	g	168	. KIND OF BU	SINESS/INC			
COMPLET	Elementary/Secondary (0-12) 6TH Grade	College (1-4 or 5+	College (1-4 or 5+)				ntress				thing	3		
_	17. FATHER'S NAME (First, Middle, Last) James S. Char				18. MOTH			R. Go						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (S	imet en	d Ahumber									
5	James H. Gill,	1721 V	Villis	Dr	.; E	alti	mor	e, Md.	2122	27				
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetton 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLA	CE AND DATE	OF DISPOSITIO	ON /Nam	ne of		7/:	E 20c. LC	entwo	City or To		
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		Hub	ME AND	d Fu	s of faci	I H	ome, I	nc.			
	shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. ATHER	OS (not enter the	e mod	a of dyl	ng, such	ss can	flec or rasp	iratory arr	rest,	Onset and D	
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	a. ATHER DUE TO (OR AS A CON	ine.	not entar the	e mod	a of dyl	ng, such	ss can	flec or rasp	iratory arr	rest,	Approximate Interval Bety Onset and D	
됩	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS A CON	NSEQUENCE OF	P:	e mod	ia of dyl	OV AS	SCU	LIDIN	D'K	rest,	Approximats Interval Betw Onset and D Onse	
AN: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A CON	NSEQUENCE OF	P):	e mod	csuse g	ov A	SCU	24a, WAS AN PERFOR	D'K	rest,	Approximats Interval Betw Onset and D	
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PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions of the cause of the	DUE TO (DUE TO	OR AS A CONDRAS	SEQUENCE OF SEQUEN	The under the un	rlying	CSUSE G	Iven in Pi	SCU	24a. WAS AN PERFOR	AUTOPSY RMED?	24b	Approximats Interval Betw Onset and D Onse	
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO (DUE TO	OR AS A COM OR AS A COM DR AS A COM deeth but n ER/Outpetlen NJURY V. /ber/	NSEQUENCE OF SEQUENCE ther:	riying	CSUSE G	Iven in Paragraphic ATN (Check Indence 8 NO)	SCU	24a, WAS AN PERFOR	AUTOPSY IMED?	24b	Approximate interval Betwonset and Donset an		
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions of the condition of the cause of	DUE TO (DUE TO	OR AS A CONDR AS A CON	NSEQUENCE OF SEQUENCE he property of the property o	e modi	CSUSE G CE OF DE SX Ret RY AT K? S 2 Ind place,	Iven in Position 8 NO 2	Part I. Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 OF (Specify) OCRIBE HOW 1 ATION (Street a per Town, State)	AUTOPSY MMED?	24b.	Approximats Interval Betw Onset and D Onse		
E COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions of the condition of the cause of	DUE TO (DUE TO	OR AS A CONDR AS A CON	NSEQUENCE OF SEQUENCE he property of the property o	riying 226. PLAN Nome WORK WORK Office of the office of th	CSUSE G CSUSE G CSUSE G CSUSE G CSUSE G CSUSE G CSUSE G AT CS AT	Iven in Position 8 NO 2	Scart I. Other 28d. Des	24a. WAS AN PERFOR 1 YES 2 OF (Specify) OCRIBE HOW 1 ATION (Street a per Town, State)	AUTOPSY IMED? AUTOPSY IMED? AND AUTOPSY IMED? AND AUTOPSY IMED? AND AUTOPSY IMED? AND AUTOPSY IMED? AUTOPSY IMED. AUTOP	24b	Approximate Interval Betwoonset and Down and Dow		
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AL OR ALENDING FILISTICAL. His law industry and use account with the results are country to results of another or americal	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	ir de	
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FOR STATE REGISTRAR		STATE OF MA		DEPARTM			MENTAL HYGIEN			
1. DECEDENT'S NAME (Flist,	FOR	0.	1	1208	KIN		2. DATE OF DEATH	MY C	YEAR	G.43 P
4. SOCIAL SECURITY NUMBE 244 22 624		SEX F	6. AGE (In yrs. le 67	YRS. IF	THS DAYS	HOURS MIN,	7. DATE OF BIRTH (Month, Day, Year) 11-19-2	3	Count	N . C .
9a. FACILITY NAME (II not ins Good Samar RESIDENCE OF DEC			1	9b.	CITY, TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF C	EATH
	10b. COUNTY				wn or Loca	TION				10d. INSIDE CITY LIMITS? LL YES 2 NO
10e. STREET AND NUMBER 4157 Fair	view Avenue				10	OF. ZIP CODE 21216		10g. CIT		WHAT COUNTRY?
	MARITAL STATUS Never Married 2 Married Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2: IF YES, GIVE WAR OR DATES			RMEO NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.) fy:	e or No—	Spec	E — American Indian, k, Whita, atc. my: ack
	DENT'S EDUCAT highest grade co.		Ar Ar	ECEOENT'S USU Give kind of work to Do NOT use rel	done during n ired.)	ION lost of working	16b. KIND OF BU			
17. FATHER'S NAME (First, Mic		Boykin				Genevi		Pete		n
19a. INFORMANT'S NAME (Ty. Mrs. Ida	L. Boy	ykin		4157	Fair	view Av	Poute Number, City or To	0.,	Md.	
1 Nonation 5 Other	20b. PLACE AND DATE OF DISPOSITION (Name of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition of Disposition (Name of Disposition of Disp									
James	Am	wit	& Sar	4	170	1 Laur	rens. S	31		.H., Inc.
23. PARTÍ. Enter the di- ahock, or ha IMMEDIATE CAUSE (Fin- disease or condition resulting in death)	ert fellure. Lie	BRAII	VSTE	ie.		FARC		oirstory ar	rest,	Approximate Interval Betwee Onset and Deal
if any, laading to immed cause. Enter UNDERLYII CAUSE (Disease or Injur that initiated events	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury									
PART II. Other eignificer	nt conditiona	contributing to	death but not	resulting in t	ne underlyl	ng cause given i	Part I. 24a, WAS A PERFO	N AUTOPSY ORMED?	241	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	ER/Outpetlant		THER:	PLACE OF OEATH (C	heck only one) 6 Other (Specify)			
A COLOR	Pending nvestigation	28a, DATE OF ((Month, Da		28b. TIME O	V	IJURY AT /ORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY O	CURED	1 14 3
Investigation 3 Suicide 4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								Route Number,		
(Crieck brilly		_					re to the cause(s) and m			(a) and manner as stated.
296 SIGNATURE AND TITLE	§	MI	HIL	1/PG	工工	29c. LICENSE N	UMBER	29d. DA	O T	20/91
GOOD S	AMA	RITA	N	408 P1	TAL	- BR	KLTIM	OR	E -	mD.
31. DATE FILEO (Month, Pay.	(par) 1	1111 O	A 1001	20.	P. 22.	- Pandue				

	HEGISTRAN		CER	HIFICALE	OF DEATH	REG. N	0.		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEA	
	Collee	n Flore	nce	Cook		July 2	2. 19	91 0056	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt		EAR IF UNDER 24 HRS	7. DATE OF BIRTH		8. BIRTHPLACE (State or F	
	215 20 0020	1 M 2 XF	\	RS. MONTHS E	AYS HOURS MIN.	(Month, Day, Year)		Country)	
	215-28-9030 9e. FACILITY NAME (If not institution, give	X I	59			9/3/193	-	Maryaand	
Œ	in the manufacture, give	Street and number)		96. CITY, TO	OWN OR LOCATION OF	DEATH	9c. COUNT	TY OF DEATH	
DIRECTOR	Calvert Memo	rial Hos	oital	Prince Frederick, Md. Calvert					
EC	10a. STATE 10b. COUNT			c. CITY, TOWN OR					
E			10	C. CITT, TOWN ON	LOCATION			10d. INSIDE CIT LIMITS?	
	Maryland Cal	vert		Lusby				1 YES 2 5	
FUNERAL					101. ZIP CODE		10g. CITtZI	EN OF WHAT COUNTRY?	
y y	1975 Rye Cou				20657		U.S	. A .	
3	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED		DECENDENT OF HISP	PANIC ORIGIN? (Specify Y		4. RACE - American Inc	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced PORCES? 1 YES IF YES, GIVE WAR OR DATE			10	YES 2 NO Spe			Black, White, atc. Specify:	
	XX							White	
LED	15. DECEDENT'S EDI (Specify only highest grad	JCATION completed)	16a. DECEDI	ENT'S USUAL OCCL	PATION	16b. KIND OF B			
E	Elementery/Secondary (0-12)	College (1-4 or 5+)	Ille. Do I	nd of work done duri NOT use retired.)	ny most or working				
AP.	6	0.	HO	usewife		own h	OMA		
COMPL	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Meide			
ш	Joseph D.O,Co								
00	19a. INFORMANT'S NAME (Type/Print)	****	19h M4	ILING ADDRESS (S	Glady	I Route Number, City or To	ymour		
10		h a m							
	Bonnie DuBrit 20a. METHOD OF DISPOSITION	ton	1 19	/5 Rve	Ct. Lust	ov, Maryla			
	1 - Burial 2 - Cremation 3 - Ren	noval from State	cemetery, cremeto	ATE OF DISPOSITION	N (Name of	OATE 20c. L	OCATION — CI	ty or Town, State	
	4 🗗 Donation 5 🗆 Other (Specify)				Mem. Par	k 7/25 E	1rida	e Maryla	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAI	ME AND ADDRESS OF	FACILITY	2		
CERTIFICATION	that initiated events resulting in death) LAST								
- 11	PART ii. Other significant condition	na contributing to de	ath but not resul	ting in the under	lying ceuse given i	n Part I. 24s. WAS A		24b. WERE AUTOPSY I	
EDICAL							RMEO?	AVAILABLE PRIOR	
						1 TYES	2 NO	OF DEATH?	
Σ.								1 YES 2	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL				B DI ACE OF SEATH	N		<u> </u>	
20	EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	8. PLACE OF OEATH (C				
¥	27. MANNER OF DEATH	1 Inpatient 2 EF			Home 5 - Residence	7			
PHY	1 Netural 5 Pending	28s. DATE OF INJ (Month, Day,)		INJURY	WORK?	28d. OEŞCRIBE HOW	INJURY OCCU	REO	
BY	2 Accident Investigation				YES 2 NO				
	3 Suicide 8 Could not be	28s. PLACE OF IN building, atc.	JURY - At home, for (Specify)	arm, street, fectory,	office	28f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,	
ETE	4 Homicide datarmined					ony or rown, state	7		
٦	29a. CERTIFIER 1 CERTIFYING PHYS	CIAN: To the best of my	knowledge death o	curred at the ster-	dete and alone and d	e to the cause(a) and mo			
COMPL	(Check only one) 2 MEDICAL EXAMINE	R: On the besis of exemi	nation and/or invest	igation in my and t	vers and prace, and du	re to the cause(a) and mo re time, data and place, a	mner as stated.		
8			The state of the s	ganon, iri my opini	on, described at th	w time, usts and place, a	nd due to the d	suse(a) and menner as	
BE	29b. SIGNATURE AND TITLE OF CUSTOME	A A	4		29c. LICENSE N	JMBER	29d. DATE S	IGNEO (Month, Day, Year)	
0	CIMAGI	· 1/1/1/	W				•		
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLÉTÉO CAUSE O	F DEATH (ITEM 27)	(Type, Print)					
	Emad R. Al-F	lanna **	D		Pringe F	rederick	, MD	20678	
	31. DATE FILEO (Month, Day, Year) JUL 24 1991	32, REGISTRAR'S	SIGNATURE				,	20070	
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MARYLAND 21215-0020

BALTIMORE,

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, the attending physician a Mental Hygiene prior to Signed by the has been s Dept. of H this certificate h with the State [After death DIRECTOR: A

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91 19903 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Noah Collins. 07 1991 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 212 20 3825 1 M 2 F 65 Md. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Francis Scott Key Medical Center Baltimore Baltimore City 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Balto Turners Station 1 YES 2X NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 128 Sollors Pt. Rd. 21222 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Quban, Maxican, Puerto Rican, etc.)

1 YES TOO Specify:

Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced BTack WWII COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Steel Bethlehem Steel 17. STHER'S NAME (First, Middle, Last)
Noah Collins, Sr. 18. MOTHER'S NAME (First, Middle, Maiden Surname) Nettie Deshazo BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
128 Sollors Pt. Rd. Balto., Md. 21222 Shirley C. Collins 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE "Meadowr Idge 7/26 Balto., Md. TI. SIGNATURE OF FUNERAL SERVICE LICENSEE James A. Morton & Sons Lones 1701 Laurens St. Balto., Md. 21217 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximata Intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Arteriosclerotic Cardiovascular Disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially flat conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART if. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 TONO Inquiry 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 X YES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY 1 Senatural м 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcida 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. 29b. SAGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 9 O.C.M.E. 22 1991 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Margarita P.
31. DATE FILED (Month, Day, Year) 1991 MD 111 Penn Street, Baltimore Maryland 21201 GLICA DEVISION- PORPLES

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FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

214-166

9a. FACILITY NAME (If not in

10e. STREET AND NUMBER

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11. MARITAL STATUS

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the dean betweenear be executed within 24 fours after death	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fune	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam
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91 19904 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH zertruele Bu 7. DATE OF BIRTH 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign MONTHS DAYS 1 M 2 K F 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO BALTO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE Black, If yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 10e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co-College (1-4 or 5 +) 17. FATHER'S NAME (First, Middle Last) 16. MOTNER'S NAME (First. Middle 19b. MAILING ADDRESS (Street NT'S NAME (Type/Print) PLACE OF 20c. LOCATION Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Je 1304 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximate shock, or heart failure. List only one cause on each line Interval Between **Onset and Death** Cardio pulmenar
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	DUE TO (OR AS A CONSEQUENCE OF):	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:								
27. MANNER OF DEATN 1 N Natural 5 Pending Investigation	28a. DATE OF INJURY (Morith, Day, Year) NO INJURY	28b. TIME OF INJURY	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUI					
3 Suicide 8 Could not be	28a. PLACE OF INJURY — At hor	me, farm, atreet,	factory, office	26f. LOCATION (Street and Number or Rural Route Number,					

4 Nomicide determined 1 M CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER	0	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Pay, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

		Mercu	Medical	Center
DATE FILED (Month, Day, Year)	24 199 Full	a Davidson-Randelle		

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COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

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BALTIMORE, MARYLAND 21203-314	thin any wours after death. Page 6 may be retained by the hospital or attending ph	the
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shows any injury, or other traumatic event, the medical examiner must be notified at once. signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. equires that the death certificate be executed with

RECORDS, P.O. BOX 13146, TO THE HOSPITAL DR ATTENDING PRESIDENT TO THE FUNERAL DRECTOR. After the one of the width 72 hours after marked, or IMPORTANT. II item 28 is marked, or DIVISION OF

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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EXAMINER? 1 YES 2 NO	25. WAS CASE REFERRED TO MEDICAL			26. 1	PLACE OF DEATN /Chec	ck only one)		
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(Check only one) 1 DELETTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	- Codio not		Specify)			City or Town, State)		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) Six Kin Org MD, Baltimore County General Hospital, Randallston, MD 24/3 31. DATE FILED (Month, Day, Mar) 32. REGISTRAR'S SIGNATURE			7				Note that the second	
Si e Kien Org M. Baltimore County General Hospital, Randallston. MD 243	Son Co OC	ws Ho	use phi	18mi	12711	456 P	7/19	(Month, Day, Year)
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print) Go.	- Oslan -	tol Onde	lle.to.	(M) 2/12
	31. DATE FILED (Month One World	32 RECISTRADIO	IGNATURE	1 4-614	4/104	The second	MJ / Mar	. 9 6473
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	THE	工管	100
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	1 - STATE REGISTRAR CERTIFICATE OF DE	ATH	REG. NO.	7	
	1. DECEDENT'S NAME (First, Middle, Last)	2	DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in vis. list birthday) IF UNDER 1 YEAR IF U		7 19	1991	12:25 P H
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) F UNDER 1 YEAR F U AND HOULE F F UNDER 1 YEAR F U NONTHS DAYS HOU		Month, Day, Year) 5-24-		THPLACE (State or Foleign
TOR	BE PACIFITY HAME IT not institution, give about and numbers Certific Back Malling	CATION OF DEATH	Н	And to	DEATH
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION	und (aty.		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 4107 GROVE land AVE	CODE 7/2/5		10g. CITIZEN O	S. A.
B	1 News Serviced 2 Merriad FORCES? 1 YES 2 NO If yes, specify	OF HISPANIC Cultur, Mexican, F NO Specify:	ORIGIN? (Specify Yee Puerto Ricen, etc.)	Bi	CE — American Indian, ack, White, etc.
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of w	andring	16b. KIND OF BUS	INESS/INDUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	ytol	House	t imp	worment
Ö	17. FATHER'S NAME (First, Middle, Last)	MOTHER'S NAME	(First, Middle, Malden	Sumeme)	
BE 0	REUBEN DOUIS	BUNI	16/1 1	1. D	OUIS
TO B	190-INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Nu	umber or Rural Rou	te Number City or Town	n, State, Zip Code)	
-	Jonothy Hill 4107 COMONE	lavol	AUE,	Hello	max 2/2/5
	206. PLACE AND DATE OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 4 Donation 5 other (Specify)			cation - city or aurel,	
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AD	DRESS OF FACIL	rton & S		
					Md. 21217
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line.	f dylng, such a	na cardiac or reapi	retory arrest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final		. /	7	Onset and Death
	resulting in death) a	host	116 100	10 mos	uiso
-	- Assignation Suilv	(1-)			
CERTIFICATION	Sequentially list conditions, If any, leading to immediate				
S	Cause, Enter UNDERLYING CAUSE (Disease or Injury				
F	that initiated events resulting in death) LAST				
ER	d.				
1	PART II. Other significent conditions contributing to death but not resulting in the underlying cet	use given in Pa	ert I. 24a. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
DICAL			PERFOR	./	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MED			1.2		1 VES 2 NO
PHYSICIAN:	FYASHMERO	OF DEATH (Check	only one)		
Sic	HOSPITAL: 1 YES 2 PNO HOSPITAL: 1 Pinpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5	☐ Residence 6	Other (Specify)		
H	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?	AT 2	ed. DESCRIBE HOW I	NJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation M 1 YES	2 D NO			
E	3 Suicide a Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)	2	Bf. LOCATION (Street City or Town, State)	and Number or Rur	al Route Number,
COMPLET	29a. CERTIFIER (Check and Certifying Physician: To the best of my knowledge, death occurred at the time, date end	elene and this to	the seconds and ma		
MP	(Check only CENTRY INCOMES OF THE BEST OF THE KNOWNEEGE, GEST OCCURRED AT THE TIME, date end one)				e(e) and manner as stated.
		. LICENSE NUMBI			IED (Month, Day, Year)
BE	Attohan I Why Minned III	4HM			7-19-1991
2/	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)				11/11/
	Esteban F. (D) 18- MINERA				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE				
	1111 9 1 1001 Let Kristen Bondalle				

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	SIAIE OF MARTLA	CERTIFI				MENIAL HYGIEN REG. NO.			201
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF	DEATH
Mary Kath	erine D'Ang	gelo				7-22-199		4:35	Р. м
4. SOCIAL SECURITY NUMBER 5	. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEA		24 HRS.	7. DATE OF BIRTH (Month, Dev. Year)	8.	BIRTHPLACE (State Country)	
214-74-3191	□ M 2 🗓 F 91	YRS.	MONTHS DAY	YS HOURS	MINTE.	10-20-189	99	Maryland	
9a. FACILITY NAME (If not institution, give atree	t and number)			WN OR LOCATIO	ON OF DE	ATH	9c. COUNT	Y OF DEATH	
Belair Convalesar	ium		<u>Balt</u>	imore					
10a, STATE 10b, COUNTY		10c. CITY	r, TOWN OR LO	DCATION				10d. INSIDE	CITY
Maryland		Per	rry Ha	11				1 YES	
10e. STREET AND NUMBER			3	10f. ZIP CODE		· · · · · · · · · · · · · · · · · · ·	10g. CITIZE	N OF WHAT COUNT	**
5134 Clifford Rd.				2112	8		U.S	.A.	
11. MARITAL STATUS 1	2. WAS DECEDENT EVER IN	U.S. ARMED				IIC ORIGIN? (Specify Yes	or No- 1	4. RACE — America Black, White, atc.	n Indian,
1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 YES			YES 2 X NO		n, Puarto Rican, atc.)		Specify:	
								White	
15. DECEDENT'S EDUCAT (Specify only highest grade co		18a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during	PATION g most of workin	g	16b. KIND OF BUS	SINESS/INDUS	STRY	
	College (1-4 or 5+)	Homema				1			
12 Yrs.		пошеша	KEI	10 MOTO	JED'S NA	ME (First, Middle, Maiden	Cumama)		
				Mar		larsiglia	Surrienter		
Anthony Scutio 19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str		м	Route Number, City or Tow	n Stetn Zin C	lorie)	
Marion D. Kasin		- 3 4 4 4 4 4 4 4				erry Hall,			
20g, METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetton 3 Remove	20b.	PLACE OF DISPOS	SITION (Name of	of cometany cran				ty or Town, Stata	
1 (X Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	of from State	ly Redeems	er Cemet	erv	7-2	5-91 Ba1	to., M	d.	
21. SIONATURE OF FUNERAL SERVICE LICEN	ISEE	-7		E AND ADDRES	SS OF FA				
Roy H. Cather	10 3		Lam	oved 7 D	uole 1	inc.,5305 Har	food Dd	I Dalto M	H 2121/
23. PART i. Enter the diseases, or cor		the death. Do n							roximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	meter	the U		e Chiem	lating) Onse	et and Death
PART II. Other significant conditions Rheumstrid The Bram	contributing to death be distriction		in the under	riying ceuse	given in	Part i. 24a. WAS AN PERFO	RMED?	24b. WERE AUTO AMAILABLE COMPLETIC OF DEATH? 1 YES	PRIOR TO ON OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF D	EATH (C	neck only one)			
	HOSPITAL:	atlent 3 DOA	OTHER: 4 - Nursing	Home 5 🗆 Re	esidence	8 Other (Specify)			
27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TtM IN.	JURY	c. BNJURY AT WORK?	7 40	28d. DESCRIBE HOW	INJURY OCCL	JRED	
2 Accident Investigation	28e. PLACE OF INJURY	— At home form		YES 2	_ NO	28f. LOCATION (Street	and Number o	v Dural Bouda Numba	
3 Suicide 8 Could not be 4 Homicide determined	building, atc. (Spec	elfy)		ornea		City or Town, State)	T TOTAL TO THE THEFT	**
Torreck brilly	AN: To the best of my knowl On the besis of examination								er as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	11 m		····	29c. LIC	ENSE NU	MBER	29d. DATE	SIGNED (Month) Day	r, Year)
	May			Do	004	26	1 7	124/9	/
30. NAME AND ADDRESS OF PERSON WHO Albert B. Bradley,				Md. 2120)6				
31, DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN		ח						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL OR ATTENDIN E FUNERAL DIRECTOR: Aft I within 72 hours after dea RTANT: If Item 28 is m

	Middle, Last)	PAU	LINE I.	DOEBEREI	NER	2. DATE OF I	D		YEAR 3.	TIME OF DEATN
4. SOCIAL SECURITY NUMBI	R !		E (In yrs. last birthday		IF UNDER 24 HRS.	7. DATE OF 8	21	91	e Blerrubi	11:00 ACE (State or Foreign
213342156 9a. FACILITY NAME (If not ins		M 2 D F	93 YRS.	MONTHS DAYS	HOURS MIN.	(Month, De	y, Ybar)	1897	Country)	MARYLANI
GREATER RAL			ENTER	TOWSO		DEATH .		1100	IMORE	
MD	BAI	TIMORE		WSON	TION					d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 615 CHES	TNUT AV	E.		10	21204				S.	A .
11. MARITAL STATUS 1 Never Married 2 Never Married 2 Never Married 2 Never Married 4 Divorce	farried	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yea, a	CENDENT OF HISPA pecify Cuban, Maxic 5 2 NO Speci	an, Puerto Ricar	pecify Yea o, aic.)	or No	Black, W	American Indian, hita, atc.
15. DECE (Specify only Elementary/Secondary (0- 8	DENT'S EDUCAT highest grade cor	TION mpleted) College (1-4 or 5+)		S USUAL OCCUPATI I work done during muse retired.)				SINESS/INDU		
17. FATHER'S NAME (First, Mid Henry		chsbaum	Owner		18. MOTNER'S NA	AME (First, Middle			ваке	ery
19a. INFORMANT'S NAME (Type Pickersgill	Commence of the commence of th			G ADDRESS (Street					Code)	
20a. METNOD OF DISPOSITION 1 Burlal 2 X Cremation 4 Donation 5 Other (5	3 Ramova	I from State 2	Ob. PLACE AND DATE OF HILL COP	OF DISPOSITION /N	ame of	DATE	20c LO	CATION C	ity or Town,	State Land
21. SIGNATURE OF FUNERAL Walle		SEE		22. NAME A RUCK	Towson I	cuneral	Hom	e, In	ic.	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN	na, b	DUE TO (OR AS	EUMONIA A CONSEQUENCE C	nentia)					Interval Betw Onset and Da
		OUE TO (OR AS	A CONSEQUENCE C	OF):						
CAUSE (Disease or Injury that initiated evente resulting in death) LAST	d							MITOPSY	24b. WE	RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION OF CAUS DEATH? YES 2 NO
that initiated evente	d	ontributing to death	but not resulting	in the undarlyin	g cause given in		PERFORI	MED?	CO OF	
PART II. Other algnificant		ontributing to death	but not resulting			1	PERFORI	MED?	CO OF	VA
that initiated evente resulting in death) LAST PART II. Other aignificant	MEDICAL H	ontributing to death		26. PI	ACE OF DEATN (Ch	eck only one)	PERFORI	MED?	CO OF	VA
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	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.

	1. DECEDENT'S NAME (First, Middle, Last)				ICATE OF		2 DAT	REG. NO		
- 3	BARBARA E. D	IMELER					MDN		19. 1	YEAR
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. las	t birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	19.	991 11:15P a. BIRTHPLACE (State or Foreign
	218-12-6538	1 🗆 M 2 🖰 F	66	YRS.	MONTHS DAYS	HOURS MIN.		eth, Day, Year) EMBER	5.19	Country) 24 BALTO., MI
œ	Sa. FACILITY NAME (If not institution, give				96. CITY, TOWN	OR LOCATION OF				NTY OF DEATH
70	407 S. CALHOUN	STREET				BALTIMOR	RE			
DIRECTOR	10a. STATE 10b. COUNT			10c. C/7	TY, TOWN OR LOCA	TION				10d. INSIDE CITY
	MARYLAND				BALTIMO	ORE				LIMITS? 1 X YES 2 □ NO
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	15. DECEDENT'S EDI	ICATION	l see pro	CEDENTIO	HOUSE CONTRACT					WHITE
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AP	UNKNOWN	conege (1-4 of 3	"	H	OMEMAKER	l				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N			Surname)	
BE	HENRY SEIPP							SCHER		
2	19a. INFORMANT'S NAME (Type/Print) WILLIAM J. DIMEI	ER ,Jr.	196	07 S	· CALHOU	IN STREE	T, BA	ALTIMO	RE, MI	Code) D. 21223
	20a. METNOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Ren	noval from State			OF DISPOSITION (Na	ame of	DA	TE 20c. LC	CATION —	City or Town, Stata
	4 - Donation 6 - Other (Specify)		LOUDO		RK CEMET	ERY	7/2	23 BA1	LTIMO	RE
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	. ^		22. NAME AF	ND ADDRESS OF F				
		11) //		HUBBAR	D FUNER	AL HO	OME INC	7.	
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	23. PART I. Enter the disessee, or shock, or heert failure. IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. Book	Jae on each line.	er t	4107 W	VILKENS de of dying, su	AVENU	JE, BAI	LTIMO	est, Approximate intervel Between
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR	OINIE OI MAITTE	CERTIFIC	CATE OF	DEATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Willerd Dace	WILLARL Didson		DAV LD:		2. DATE OF OEAT MONTH 07-18	-1991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 408-44-3756	5. SEX 6. AGE		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yes 07-06	r)	Count	HPLACE (State or Foreign ny)
90. FACILITY NAME (If not institution, give VAMC - Loch Ratherstone of Decement	,	g		on Location of DE	,		NTY OF C	
10e. STATE 10b. COUNT		10c. CITY	TOWN OR LOC	tt City				10d. INSIDE CITY LIMITS? YES 2 NO
3766 St. Paul	Street		:1	01. ZIP CODE 21043	3	10 ₉ . CIT	US	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 XYES IF, YES, OIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISPAN specify Cuban, Mexico S 2 NO Specify	n, Puerto Rican, etc	y Yee or No— .)	14. RAC Blec Spec	E — American Indian, k, White, etc. """: White
15. DECEDENT'S EOI (Specify only highest grad Elementery/Secondery (0-12) 3rd	JCATION e completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use Packe:	rk done during n retired.)	TION nost of working	220000	hnut (o. of Amer
17. FATHER'S NAME (First, Middle, Lost) Hobart Da	vidson			Sally	ME (First, Middle, Mid Johnso	n		
190. INFORMANT'S NAME (Type/Print) Betty Ann Davi	dson	4 4		and Number or Aural I				ty,MD21043
20a. METHOD OF OISPOSITION 1 St Burlel 2 Cremation 3 Rer 4 Donation Other (Special	noval from State	other place)	n Mem	emetery, cremetory or		arrio		own, State Ville, MD
21. SIGNATURE OF FLYGERAL SERVICE L		M00535	22. NAME	AND ADDRESS OF FA	Slac			L Home
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DIABERS	A CONSEQUENCE OF):	nemid					
PART II. Other significant condition		but not resulting in	tha underly	ng cause given in	PE	S AN AUTOPSY RFORMED? ES 2 NO	24	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HO9PITAL:		26. OTHER:	PLACE OF DEATH (Ch	eck only one)			
1 VES 2 NO 27. MANNER OF GEATH	1 Inpatient 2 ER/Out 28e. DATE OF INJURY	28b. TIME	OF 28c. I	ome 5 Residence	6 Other (Specify 28d, DESCRIBE I		CCUREO	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) 28e. PLACE OF INJUR	Y — At home, farm, str	RY M 1	YES 2 NO	28f. LOCATION (S			Route Number.
4 Homicide determined	building, etc. (Spe	ncffy)		· · · · · · · · · · · · · · · · · · ·	City or Town,	State)		
cool	SICIAN: To the best of my know VER: On the beels of examinetic							(a) and manner on stated.
29b. SIGNATURE AND TITLE OF CERTIFI	A -	110	1	29c. LICENSE NUI	MBER	29d. OA		D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O		eriot)	D34	7070		7 18	191
Roghmann	122 5.	greene		Balti	more	MD	2	1201
31. DATE FILEQ.(Month, Day; Year)	32. REGISTRAR'S SIGN	NATURE						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: T	THE FUNERAL DIRECTOR: After this certification filed within 72 hours after death with the State	IMPORTANT: If item 28 is marked, or ite

4. SOCIAL SECURITY NUMBER 146-20-8471 1. SEX 146-20-8471 1. M 2 SF	REGISTRAR DECEDENT'S NAME (First, Middle, Last			RTIFICA	DITTORACATO	2. DATE	OF DEATH	YEAR	3. TIME OF DEATH
146 - 20 - 28 + 71			MARY			07	05	199	i b
TOTION OF LOCATION THE PARTY SHOW AND SHOULD SHOULD SHOULD SHOULD SHOW AND SHOULD SHOULD SHOW AND SHOULD SHOW	.46-20-8471	1 🗆 M 2 斉 F		MONE		7. DATE	27 1905	6. BIRT	onkers, N.Y
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SI THEY AND MAMBER 1.21.23 Int. Albert Road 1. MANTA SITUE	DE. STATE 10b. COUN	TY			WN OR LOCATION				10d, INSIDE CITY
12. MANTAL SATURE MANTAL SATURE 12. MANTA		.RD		اللبلظ			100	CITIZEN OF	1 TES 2 HO
Nover Married 2 Married Profices 1 1 15 2 2 2 2 2 2 2 2 2	12123 Mt. Alt	ert Roa	d				109.		
Content of the boding of the	☐ Never Married 2 ☐ Married	FORCES?	1 YES 2 N		If yes, specify Cuben, Mex	icen, Puerto		Bla	ick, White, etc.
DOMONIC NAMMAREILIA 198. MARIANO ADDRESS (Store and Aumber or Plure Mark Marbor (City or Rown, State, 2p Cods) 122.23 M.T. Allbert Rd., Ellicott City, ND 23 123. MRTHOO OF DISPOSITION 124.23 M.T. Allbert Rd., Ellicott City, ND 23 125. MARIANO ADDRESS (Store and Aumber or Plure Rown, State, 2p Cods) 126. MATHOO OF DISPOSITION (Name of Course) 127. MARIANO ADDRESS OF PACLET RD. 128. PART I. Effect the diseases, or formplications that coursed the desth. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart failure. List only one cause on each line. 129. PART I. Effect the diseases, or formplications that coursed the desth. Do not enter the mode of dying, such as cerdiec or respiratory streat, shock, or heart failure. List only one cause on each line. 129. PART II. Other algoriticant conditions, a such as cerdiec or flarly that initiated events resulting in death) 129. DUE TO (OR AS A CONSEQUENCE OF): 260. DUE TO (OR AS A CONSEQUENCE OF): 270. DUE TO (OR AS A CONSEQUENCE OF): 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF DEATH (Check only one) 280. REPLACE OF INJURY A Moning Norms to Residence & Other Residence on Check one) 280. PLACE OF DEATH (Check only one) 280. PLACE OF INJURY A Moning Norms to Residence & Other Residence on Check one) 280. PLACE OF INJURY A Moning Norms to Residence and Number or Pural Rouse Mamber (Cry or Rom. State) 280. EDEATOR (Stored and Number or Pural Rouse Mamber on the best of my knowledge, death occurred at the time, date and place, and due to the cause(g) and manner as stated. 280. LOCATION (Stored and Number or Bural Rouse) 280. LOCATION (Stored and Number or Bural Rouse) 280. LOCATION (Stored and Number or Bural Rouse) 280. LOCATION (Stored and Number or Bural Rouse) 280. LOCATION (Stored and N	(Specify only highest gra Elementary/Secondary (0-12)	de completed)	(Given the second secon	re kind of work of Do NOT use reti	done during most of working red.)				
BURTON DRUMOND 12123 Mt. Albert Rd., Ellicott City, MD 21 20h. PLACE AND DATE OF DISPOSITION (**Univer** DATE of Concentron 3 in Removed from State of Concentron 1 in Removed from State of Concentron 1 in Removed from State of Concentron 2 in Removed from St		ARELLA				NAME (First,	Middle, Malden Sumar	me)	
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22. NAME AND ADDRESS OF FACILITY STack Funeral Home 21043 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdisc or respiratory streat, shock, or heart failups. List only one ceuse on each line. MAPPOINTER CAUSE (Finel diseases). DUE TO (OR AS A CONSCOUENCE OF): DUE TO (OR AS	Buriel 2 Cremetion 3 Re	moval from State				DAT		-	
DUE TO (OR AS A CONSEQUENCE OF): DUE TO	/// 0	//-	/						
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DHMH-15 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a filer death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burna-transft permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IPORTIANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a fours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-bran be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burist, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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The intermental process of the pro								16b. KIND OF BU	SINESS/INDUS	TRY
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Tra Melvin Smith Sarah Swamer			Ho	usewi	.i'e					
198. INFORMANT'S NAME (PyroPrint) Nr. Francis Dilworth 190. MALLING ADDRESS (Stowd and Number or Rural Route Number, City or Rown, State, Zip Code) 6104 Everall Avenue Baltimore, Md. 21206 308. METHOD OF DISPOSITION (Pumer of cometity, committee) or Committee and Committee Committee (Committee) and Committee Committee (Committee) and Committee Committee (Committee) and Commit									Surname)	
Mr. Francis Dilworth South House South		1				_				
21. SIGNATURE OF PHIERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF PERSON 23. SIGNATURE OF PHIERAL SERVICE LICENSEE 24. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMS 6 (Spochly) 25. SIGNATURE OF PHIERAL SERVICE LICENSEE 26. SIGNATURE OF PHIERAL SERVICE LICENSEE 27. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMS 6 (Pincl diseases) 28. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMS 6 (Spochly) 29. LICENSEE PHIERAL SERVICE LICENSEE 29. LICENSEE PHIERAL SERVICE LICENSEE 20. LICENSEE PHIERAL SERVICE LICENSEE 21. NAME AND ADDRESS OF PERSON WHO COMPLETED CAMS 6 (PINC) PHIERAL STORMS 1 PAPER		lworth								
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Atrial Fibrillation with Right Bundle Branch Block Atrial Fibrillation with Right Bundle Branch Block Atrial Fibrillation with Right	> Lesselw :	Querel.	Home						re, Ma	ryland 2123
Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (O	disesse or condition	DUE TO (O	R AS A CONSEQUE	NCE OF):						
Atrial Fibrillation with Right Bundle Branch Block PERFORMED? AMAILABLE PRIOR COMPLETION OF DEATH YES 2 No No No No No No No No	If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (O	R AS A CONSEQUE	INCE OF):	se					
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1 Nature 5 Pending 1 YES 2 NO 25e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE BIGNED (Month, Day, Year D26116 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)		28a. DATE OF IN	JURY 2	8b. TIME OF	28c, INJ	URY AT	- T		INJURY OCCUP	RED
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(Check only 2 MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D26116 29d. DATE BIGNED (Month, Day, Yea D26116 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	3 Suicide 6 Could not b	25e. PLACE OF	NJURY — At home, c. (Specify)	, farm, atreat	t, factory, offic	•	28			Rural Route Number,
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	(Check only									
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29b. SIGNATURE AND TITLE OF CERTIF	IER				29c. LICEN	ISE NUMBE	R	29d. DATE R	IGNED (Month. Day Year)
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)	h		v	MO	,				1	
Laurie Harris MD 9000 Franklin Square Dr Ralto Md 21237	30. NAME AND ADORESS OF PERSON V		•						1 201	,,,
A EUNITE HULLIS TIP. SOUVITUINTIII SUUDIE DI. DUILU. TIU. EILUI	Laurie Harris	MD. 9000	Franklin	Saua	re Dr.	Bal	to.	Md. 2123	7	

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirements peath certificate be executed within 24-hours after death. Page 6 may be retained by the hos TO THE FUNERAL DIRECTOR. After this certificate has been the distribution of strength of the filed within 72 hours after death with the State Dept. or terminal Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR	SIAIE UF MAN			F DEATH	MENTAL HYGIEN REG. NO.	E .	
1. DECEDENT'S NAME (First, Middle, Last)	Dalford		Dixon		2. DATE OF DEATH MONTH DV 7	1991	3. TIME OF DEATH
	5. SEX 6. A	SE (In yrs. last birthday) 81 YRS.	MONTHS DAYS		7. DATE OF BIRTH (Morith, Day, Year) 11-24-1909	6. BIRT	THPLACE (State or Foreign ntry) S.C.
9e. FACILITY NAME (If not institution, give street	et and number)			N OR LOCATION OF D		9c. COUNTY OF	DEATH
2213 Booth Street			Baltimo	ore			
10a. STATE 10b. COUNTY			ry, town on Lo Itimore	CATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
IOe. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
2213 Booth Street				21223		USA	
1. MARITAL STATUS Never Merried 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	if yes,	ecendent of Hispa specify Cuban, Maxic (ES 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	814	CE — American Indian, ack, White, etc. ecity: Black
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		16e. DECEDENT'S (Give kind of life. Do NOT a	work done during	ATION most of working		siness/industry	tion
7. FATHER'S NAME (First, Middle, Lest) Benkley					ame (First, Middle, Melden e Dalford Dix	Surname)	
oo. INFORMANT'S NAME (Typo/Print) Dorothy Thomas					Route Number, City or Tow 1timore, Md 2	1229	
tox METHOD OF DISPOSITION Description Des	al from State	20b. PLACE AND DAT			70001	cation - city or nne Arunde	
23. PART I. Enter the diseases, or co	Ebron	Ised the death. Do	Ma 43	and address of Frech F/H West Wabash /	t Avenue	Iratory arrest	Approximate
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (DR	AS A CONSEQUENCE OF	OF):	nau			
PART II. Other algnificant conditions	contributing to dea	th but not resulting	In the underly	ying causa given in	n Part I. 24a. WAS AN PERFO! 1 YES 2	RMED?	46. WERE AUTOPSY FINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PS. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		Y	PLACE OF DEATH (heck only one)		
1 TES 2 NO	1 Inpatient 2 ER/			tome 5 Residence	T		
27. MANNER OF DEATH 1 M Netural 8 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	er) II	M 1	INJURY AT WORK? YES 2 ND	28d. DEŞCRIBE HOW	INJURY OCCURED	
3 Suicide a Could not be detarmined	28e. PLACE OF IN- building, etc.	URY — At home, farm Specify)	, street, factory, c	ffice	28f. LOCATION (Street City or Town, State	and Number or Run)	el Route Number,
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:					e to the cause(a) and me time, data and place, as		e(a) and menner as state
296. SIGNATURE AND TITLE OF CERTIFIER	220			290 LICENSE NO	9528	29d. DATE SIGN	1819
90. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	F DEATH (ITEM 27) (Typ.	oe, Print)				
B1. DATE FILED (MONTH, Day, Year) 199	32. RESISTRARIA	MICHATURE RANGE	والأم				

MOTTON

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR CERTIFICATE OF DEATH	REG. NO.			
1. OECEDENT'S NAME (First, Middle, Last)	2. DATE OF DEATH		3. TIME OF DEA	TH
Duane Demetrious Ellis	07 18		A .	A
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0.000	RTHPLACE (State or F	
217 19 9797 1 1 The 2 of 17 YRS. MONTHS DAYS HOURS MIN.	March 26,	Co	shington	
98. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF E Prince Georges Hospital. Cheverly		9c. COUNTY O	Georges	
RESIDENCE OF DECEDENT		2 74100		
Maryland Prince George's Lanham			10d. INSIDE CIT	
106. STREET AND NUMBER 101. ZIP COOE		10a CITIZEN O	1 ₹ YES 2 □	NO
5107 Whitfield Chapel Rd. 20706		USA	WINE COUNTRY	
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENOENT OF HISPA If yee, specify Cuben, Mexic 1 YES 2 NO Specify 1 YES 2 NO SPECIFIES	an, Puerto Rican, etc.)	8	ACE — American Indi lock, White, etc. pecify:	en,
15. DECEDENT'S EDUCATION 16s. OECEDENT'S USUAL OCCUPATION			Black	
(Specify only highest grade completed) (Size bits of south of work done during most of working life. Do NOT use retired.) (Size bits of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUS	INESS/INDUSTR	Υ	
10th Student		N/A		
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S N.	ME (First, Middle, Maiden :	Sumame)		
	ce Mason			
19a. INFORMANT'S NAME (Type/Print) 19b. MAILIND ADDRESS (Street and Number or Rural 5.1.0.7. Title: 1.5.0.1.3. (Technology)				
Alice Ellis 5107 Whitfield Chape			20706	
1 (Sourial 2 Cremation 3 Ramoval from Stata cemetery, crematory or other place)		CATION — City or		
TI SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF F			Maryland	
Jemmy 6- Pals 7474 Landover			uneral Ho 20785	ome
23 Multi i, Enter the diseases, or complications that caused the death. Do not enter the mode of dules are			Approxim	ate
INMEDIATE CAUSE (Final			Interval B Onset and	
disease or condition				
			i	
Sequentially list conditions, if any, leading to immediate DUE TO (DR AS A CONSEDUENCE OF):				
CAUSE (Disease or Injury				
thet initisted events resulting in death) LAST				
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in	Best Les massi			
go occur out not resulting in the underlying cause given in	PERFORI	MEO?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF	TO
	1 YES 2	□ NO	OF DEATH?	
			1 NES 2	ND
25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (C)	eck only one)			
EXAMNER? 1 KYES 2 ND HOSPITAL: 1 inpatient 2 KER/Outpatient 3 DOA 4 Nursing Home 5 Rasidence				
27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT	28d. DESCRIBE HOW IN	JURY OCCURED		
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 0.7 18 1991 1:55A M 1 YES 2 NO	Subject	shot		
3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office	281. LOCATION (Street at		al Route Number,	
4 Homicide detarmined On street	City or Town, State) 6800 blk A	twood S	treet	
29a. CERTIFIER (Check only 1 CERTIFYIND PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due	to the cause(s) and mani	ner as stated.		
one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occured at the	time, data and place, and	dua to the caus	e(s) and menner as s	tated.
29c. LICENSE NU	ABER	29d. DATE SIGN	EO (Month, Day, Year)	
O.C.M.E		07	18 1991	L
30. NAME AND ADDRESS OF RESSON WHO COMPLETED CAUSE OF DEATH STEM 2/5/(Type, Print)	72			
Mario F Golle, MD 111 Penn Str	eet, Baltin	more Ma	ryland 21	.201
31. DATE FILED (Morrity, Day, Year) 32. REGISTRAR'S SIGNAURE 1111 2. 4 1991 Gina Davidson-North				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should should within 70 hours after death with the State hard of Health and Medial Homers and on hours or removed.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this ce	IMPORTANT: If item 28 is marked,

	FOR 1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPART	MEN CAT	T OF H	EALTH AN DEATH	D MENT	AL HYGIEN	E	91	19915	5
	1. DECEDENT'S NAME (First, Middle, Last)	MEGAN T	ΓARA EN:	SEY				MOI	TE OF DEATH		YEAR 91	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDE	R 1 YEAR	IF UNDER 24 HF	s. 7. DAT	E OF BIRTH		-	PLACE (State or Foreign	_
	212-06-4691	1 🗆 M 2 🖳 F	7	YRS.	MONTHS	DAYS	HOURS MI	11	nth, Day, Year) -28-83		Country	YLAND	
	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CIT	Y, TOWN C	R LOCATION O						_
O. H	413 N. HAMMONDS FERRY RD LINTHICUM								E ARI	INDEL.			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	v		T						1			_
E						OR LOCAT						10d. INSIDE CITY LIMITS?	
	MARYLAND ANNE	AKUNDEI	Li .	1 11	NTE	IICUM						1 TES 2 NO	
FUNERAL						101	ZIP CODE	0.0		10g. CIT		HAT COUNTRY?	
N.	413 N. HAMMO			24450			210				USA		
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE W	YES 2 X	MO	13.	If yes, spe	ENDENT OF NIS ecity Cuben, Me 2 A NO Sc	xican, Puert	HN? (Specify Yee o Rican, atc.)	or No—	14. RACE Black, Specifi	- American Indian, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade SPECIAL ED.	CATION completed) College (1-4 or 5 +		ECEDENT'S U Give kind of wo b. Do NOT use STUD	retired.)	during mos	ON st of working	10	Sb. KIND OF BUS	SINESS/INC	DUSTRY		
OM	17. FATNER'S NAME (First, Middle, Last)			0102	23111		10 MOTNER'S	NAME (First	. Middle, Malden				_
	ELLSWORTH	EN	NSEY					DIANE	, Middle, Malden	FAR	SON		
BE (19e. INFORMANT'S NAME (Type/Print)		11	b. MAILING A	DDRES	S (Street e			mber, City or Town				_
10	MR.&MRS. ELLSWORT	H ENSEY	4:	13 N.H	AMM	IONDS	FERRY	RD.	LINTHIC	UM.	MD. 2	21090	
	MR. &MRS. ELLSWORTH ENSEY 413 N. HAMMONDS FERRY RD., LINTHICUM, MD. 21090 20g. METNOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of LOUDON PARK) CEMETERY 7-25 BALTIMORE, MD												
	21. SIGNATURE OF FUNERAL SERVICE LIC	2	301	1	4	107	WILKEN	SAVE	D FUNER	AL H	OME,	INC.	
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	Prumb	nites		r the mos	de of dyling, i	such aa ca	rdiec or respi	ratory ar	rest,	Approximate Interval Between Onset and Des	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b DUE TO ((OR AS A CONSE	QUENCE OF):									
MEDICAL C	1 TYES 2 NO COMPLETION OF CA										AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN:	OF UND CLOS DESCRIPTION OF AUTOLOGY												
D C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH	(Check only o	one)				Ξ
ΗXS	1 YES 2 NO	1 Inpatient 2		DOA 4	☐ Nui	nsing Nome	5 🗆 Residen	e 6 🗆 Oth	er (Specify)				
	27. MANNER OF DEATN 1 Natural 5 Pending 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY						JRY AT	28d. DE	SCRIBE NOW IN	JURY OCC	CURED		
ВУ	2 Accident Investigation	28a PLACE OF	INJURY — At he	me term			ES 2 NO	-					
딢	3 Suicide 6 Could not be determined	building,	itc. (Specify)	cow, rerm, atri	est, fac	tory, offica		28f. LO	CATION (Street e. y or Yown, State)	nd Number	or Rural Ro	ute Number,	
COMPLET		CIAN: To the beat of r											
00	2 MEDICAL EXAMINE	R: On the besie of ex	amination end/or	investigation,	In my o	opinion, da	ath occured at	lhe time, det	e end place, end	due to th	e ceuse(e)	end menner as stated.	
BE	296. SIGNATURE AND TITLE OF CERTIFIER	lus W					29c. LICENSE I			29d. DATE	E SIGNED (Month, Day, Year)	_
		1 3/1/				- 1	1/25	297	-		7.4-	1.	

12 REGISTAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSONAULO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KIRK D. CYLUS, MD

31. DATE FILED (Month, Day, 1999)

JUL 2 4 1991

21 Crossroads Drive, Suite 215, Owings Mills, Md. 21117

DHMH-18 Rev 1/89

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sit permit. Pages 1, 2, 3 should

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	1. DECEDENT'S NAME (First, Middle, Last)	ETTE	EDC		310			2. DATE OF I	DEATH		EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR MONTHS DAYS		24 HRS. MIN.	7. DATE OF I	91FTTH 19, Year) 20 15		Country	PLACE (State or Foreign
בסו	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY (Y OF D		
DINECTOR	10a. STATE 10b. COUNTY Illinois Cook				cago	CATION						10d. INSIDE CITY LIMITS? 1 2 NO
CHELLAR	6016 Kilpatric					101. ZIP COD	629				N OF W	VHAT COUNTRY?
	11. MARITAL STATUS 1 News Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 W	RMED NO	If yes,		ın, Maxica	NC ORIGIN? (S n, Puarto Rica /:		or No-	RACE Black Speci	- American Indian, c, While, etc. fy: White
COURT ELICE	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		+)	Sive kind of v a. Do NOT us	vork done during de retired.)	most of worki				INESS/INDUS		/2.1 awaan =
	17. FATHER'S NAME (First, Middle, Last) William Jankel		<u> </u>	ab T	ecunt(16. MOT	HER'S NA	ME (First, Midd Keze	le, Maiden S		, W	algreens
	19m. INFORMANT'S NAME (Type/Print) Patricia Hanes		11		ADDRESS (Street	et and Numbe	r or Rural i	Route Number,	City or Town,			20854
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Remove 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE		of cemetar	AND DATE	or other place) mir Ce	ON (Name	ry	DATE 7/23/	28c. LOC	CATION — CH	ty or To	
		1	4									
_	your	rusa	ikel					n Fun VA 2			es	
	23. PART I. Enter the diseases, Dr co shock, Dr heart fellure. L IMMEDIATE CAUSE (Fins)	omplications that	it caused tha d use on each lin	a.	Arli	ingto moda of dy	n , '	VA 2 th es cardiac	2201 or respir	ratory arres	st,	Onset and Dear
	23. PART I. Enter the diseases, Dr co shock, Dr heart fellure. L IMMEDIATE CAUSE (Fins)	DIE TO	it caused tha d use on each lin	EQUENCE O	Arli N F	ingto moda of dy	n , '	VA 2 th es cardiac	2201 or respir	ratory arres	st,	Interval Between Onset and Dear
. MEDICAL CENTIL ICALION	23. PART I. Enter the diseases, pr conshock, pr heart failure. L. IMMEDIATE CAUSE (Final disease pr condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	It caused the duse on each line on as A const	EQUENCE O	Arli ON F CARDO	CAR	n, ving, suc	VA 2 th es cardiac O V Part I. 24	2201 or respir	ALITOPSY MED?	st,	Interval Betwee
	23. PART I. Enter the diseases, proceshock, present failure. L. IMMEDIATE CAUSE (Final disease presented in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions GANGENS BELUEL IN INTERNATIONAL EXAMINER?	DUE TO Contributing to HOSPLACE:	It caused the duse Dn aach line ARR DA (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	EQUENCE O	Arli not enter the r /// // // // // // // // // // // //	CAR.	ring, suc	Part I. 24	2 2 0 1 cor respir	ALITOPSY MED?	st,	Interval Betwee Onset and Deat 2 4 HR. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
THI SICIPIN. INCOICE	23. PART I. Enter the diseases, proceshock, printer failure. L. IMMEDIATE CAUSE (Final disease proceeding in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions GANGERENCE 25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO DUE TO	It caused that dise on each line of the li	EQUENCE O	Arli not enter the r /// // // // // // // // // // // //	mode of dy CARC VASC VING Cause INJURY AT WORK?	ring, suc	Part I. 24	2 2 0 1 cor respir	ALITOPSY MED?	246	Interval Betwee Onset and Deat 2 4 HR. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ED DI TILI SICIPALI. MEDICAL	23. PART I. Enter the diseases, proceshock, present failure. Leaves of the proces	DUE TO DUE TO	It caused the duse on each line of the lin	a. EQUENCE O COUENCE O COUENCE O TO T 3 DOA 28b. TIMEN.	Arli not anter tha r Arli not anter tha r	wing cause PLACE OF I Home 6 R INJURY AT WORK?	given in	Part I. 24 1 Other (S 28d, DESCR	a. WAS AN / PERFORI	AUTOPSY MED?	24b	Interval Betwee Onset and Dear 2 4 H/R 2 4 H/R WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	23. PART I. Enter the diseases, proceshock, pr heart failure. L. IMMEDIATE CAUSE (Final disease proceeding in the condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other significent conditions BELIEF INDERLYING 25. WAS CASE REFERRED TO MEDICAL EXAMMER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be	DUE TO DUE TO	It caused the duse on each line of the lin	a. EQUENCE O EQUENCE O TO T	Arli not enter the r Arli not enter the r	mode of dy CARC VASC VING CA VING CA INJURY AT WORK? YES 2	given in	Part I. 24 Part I. 24 1 1 1 1 1 26. LOCATI City or 1	a. WAS AN / PERFORI	AUTOPSY MED?	24b	Interval Betwee Onset and Deat 2 4 H/R 2 4 H/R WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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IMPORTANT:

FUNERAL I Ξ

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physician and completely filled in by in prior to burial, cremation, or remo HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within been signed by the attending ph it, of Health and Mental Hygiene has be Dept. c this certificate his with the State D DIRECTOR: After to hours after death y

91-4177-510 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Owen **EPPS** 07 22 1991 3:02 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 217 80 5905 MONTHS DAYS 6717758 Md. 1 NM 2 F 33 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITALS BALTIMORE CITY RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION
Baltimore 10d. INSIDE CITY LIMITS? Md. TYES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 21213 10g. CITIZEN OF WHAT COUNTRY? 1503 Decker St. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No- RACE — American Indian, Black, White, etc. Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 10 Specify: BY Specify 3 Widowed 4 Divorced Brack COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementery/Secondary (0-12) College (1-4 or 5+) unemployed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Wilson Viola Norris Epps BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Viola N. 1503 Decker Ave. Balto., Md. 21213 Epps 20a, METHOD OF DISPOSITION

Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Arbutus 4 Donation 5 Other (Specify) 7/27 Balto., Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons a 1701 Laurens St. Balto., Md. 21217 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition . NARCOTIC INTOXICATION resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 | NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: XX Inpetient 2 ER/Outpetient 3 DOA OTHER: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Day, Year) FOUND: 7/21/91 28b. TIME OF INJURY UNKNOWN 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO UNKNOWN 2 Accident 3 Sulcide 26e. PLACE OF INJURY — At home, ferm, street, lactory, office building, etc. (Specify) 26I. LOCATION (Street and Number or Rural Route Number, 8 Could not be COMPLETED FOUND : HOME 1503 N DOCKER ST., BALTO., MD 4 Homicide 29a. CERTIFIER To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner ea stated. MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner se stated. 29b. 5808 BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) COME 07 23 1991 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET

32. REGISTRAR'S SIGNATURE who Deviden - Pandalle

DHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21201

31. DATE FI

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	-
)	FIFY	2. DATE OF DEATH MONTH 07 - 22 - 91	Ī

1. DECEDENT'S NAME (First, Middle, LI CLINTON	181)	EI	EY				2. DATE OF MONTH 07-	22-9	1 YEA	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 239-28-2714	5. SEX 1 📆 M 2 🗆 F	8. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH 5'-1	7 8. BI	IRTHPLACE (State or Foreign Duritry) N . C .
99. FACILITY NAME (If not institution, g	OSPITAL					MORE, M			9c, COUNTY C	DE DEATH
100. STATE 10b. COL		1		r, town o			Y			10d. INSIDE CITY LIMITS? 1 V YES 2 \(\text{NO} \) NO
100. STREET AND NUMBER 5521 LEITH	ROAD			П	101	21239	7.26			S.A
11. MARITAL STATUS 1. Never Merried 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S. A 1 YES 2 2 WAR OR DATES	RMED NO		If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	en, Puerto Rice			RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 5 t h		+)	DECEDENT'S (Give kind of vide. Do NOT us	vork done	during ma		16b. Kif	ND OF BUSI	NESS/INDUSTF	RY
17. FATHER'S NAME (First, Middle, Last CLINTON EI	EY	7				18. МОТИБЯ S. Н.	ME Elist, Mide	TSHC	Pero)	
19a. INFORMANT'S NAME (Type/Print) LUCY BLOWI		1				and Number or Rural				21205
20a, METHOD OF DISPOSITION 11-2-Burtel 2 Cremetion 3 1 4 Donation 5 Other (Specify)	tamoval from State	20b. PLAC	E AND DATE	or of Disp	OSITION	CEMETER	YDATE	CATC	ATION — City o	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	-/	45				. MARCI		. 110	01 E.	NORTH AVE
IMMEDIATE CAUSE (Final	ire. List only one ca	use on each ili	ne.						atory arrest,	Approximata Interval Betw Onset and D
shock, or heart falls	a. Full Due To	O (OR AS A CONS	EQUENCE OF	Re DA	na	l Far			atory arrest,	Interval Betw
shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONS	EQUENCE OF	Re Pi: DA Pi:	nd S.	l For	Part I. 24		MITOPSY MED?	Interval Betw
Shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER?	DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EQUENCE OF	Reprise of the unit of the uni	nderfyln	g cause given in	Part I. 24	A. WAS AN A PERFORM	MITOPSY MED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH?
shock, or heart felicities in the second state of the second state	DUE TO DUE TO DUE TO DUE TO d. HOSPITAL: 1 Inpatient: 2 28e. DATE O (Month,	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	DOA 1266. TIME	P: D A P: In the ui	28. PR: rsting Hon	g cause given li	Part I. 24 1 heck only one) 6 □ Other (S	A. WAS AN A PERFORM	MITOPSY MED?	24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO
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FOR STATE

The law requires that the death certificate be executed within 2 DIVISION OF WITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CEF	RTIFICAT	E OF	DEATH		REG. NO			
;	1. DECEDENT'S NAME (First, Middle, Lest) EDGAR ECKELS						07	17	91	YEAR 1	3. TIME OF OEATH 0 46 P M
	4. SOCIAL SECURITY NUMBER 215 14 0296	5. SEX 1 🔀 M 2 🗌 F	8. AGE (In yrs. lest bi	YRS. IF UNDI	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE 0 (Month,	Day, Year)	.903	Country)	LACE (State or Foreign
O.H.	Sa. FACILITY NAME (If not institution, give atr GREATER BALTIMORE	9Ь. СП		OR LOCATION OF DE	EATH			INTY OF DE	ATH		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD	BALTIMO	TY, TOWN OR LOCATION TIMORE				2000		10d. INSIDE CITY LIMITS?		
ERAL	100. STREET AND NUMBER 3904 WOODBINE AVE					1. ZIP CODE				USA	HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WE	EVER IN U.S. ARME YES 2 NO IR OR DATES	D 13	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexics 3 2 NO Specif	in, Puarto R		or No-	Black,	- American Indian, White, atc.
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(Give	DENT'S USUAL kind al work don NOT use retired.	during m		16b.	KIND OF BU	SINESS/IN	DUSTRY	
COMP	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	75		Surname)	77	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. A	AJLING ADDRE	SS (Street	and Number or Rural			vn. State. Z	ip Code)	
2	Revenda Eckels										1d 21207
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo		20b. PLACE AN	D DATE OF DIS	POSITIO	N (Name	DATE	20c. LC	CATION -	- City or Tow	
The state of	21. SIGNATURE OF TUNERAL SERVICE LICE	LA AND				ND ADDRESS OF FA	VCILITY /	1ARCH	FU	NERAL	. HOME
EDICAL CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	ONIA OR AS A CONSEQUE OR AS A CONSEQUE OR AS A CONSEQUE	ENCE OF):							
L CER	PART II. Other algnificent condition	a contributing to	death but not rea	ulting in the	underiyi	ng cause given in	Part i.	24a. WAS AF		r 24b.	WERE AUTOPSY FINDINGS
Σ								PERFO			AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				28 (PLACE OF DEATH (C)	hack anly on	el	-		
25	EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	OTH	ER:	me 5 - Residence					
Y PHYSICIAN:	27. MANNER OF OEATH 1 Metural 5 Pending	28a. DATE OF (Month, De	INJURY	28b. TIME OF INJURY	28c. IN	JURY AT ORK? YES 2 NO	,	CRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined	28e. PLACE Of building.	F INJURY — At home etc. (Specify)	, farm, street, f	ictory, off	ce	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,	
COMPLETED	29a. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE										and manner as stated.
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	c. We	es, s	0		29c. LICENSE NU 0 3 5 8	IMBER))		29d, D	7/19	(Month, Dey, Year)
-	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year).										
	31. DATE FILED (Month, Day, Year).	full David	on-North								

State I Y

BALTIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	MECHAE And this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be certificate has been signed by the attending physician and Memal Hypiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	MATCHICHE PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	All ECTIFE AND THE CONTINUES OF THE AS DOES SIGNED BY THE ATTENDING PHYSICIAN AND COMPLETELY FILLED IN 19 THE NA	them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HORTON TO THE FLUTTE De filed w

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR CERTIFICATE OF DEATH REG. NO.										
	1. DECEDENT'S NAME (First, Middle, Last) DOROTHY E. FONT? 2. DATE OF DEATH 3. TIME OF DEATH										
	DOROTHY E. FONTZ JULY 20, 1991										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 1 M 2 XF 6. AGE (In yrs. last birthday) 1 MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) SEPT. 4, 1928										
TOR	98. FACILITY NAME (If not institution, give street and number) 226 ASBURY Rd PASAGENA 9c. COUNTY OF DEATH A.A.										
DIRECTOR	10e. STATE Md 10b. COUNTY A. A. 10c. CITY, TOWN OR LOCATION RIVIERA BEACH (PASADENA) 10d. INSIDE CITY LIMITS? 10 YES 2 NO										
FUNERAL	226 ASBURY Rd, 21122 109. CITIZEN OF WHAT COUNTRY?										
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- lif yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. YES 2 NO Specify: 16. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- lif yes, specify Cuben, Maxican, Puerto Rican, etc.)										
ED	15. DECEDENT'S EDUCATION 188. DECEDENT'S USUAL OCCUPATION 188. KIND OF BUSINESS (INDUSTRY										
COMPLETED	(Give kind of work done during most of working Elementary/Secondary (0-12) College (1-4 or 5+) C ERK Therefore C ERK DEPT. Metter: YEL IC ES										
BE CO	17. FATHER'S NAME (First, Middle, Last) TOSEPH JONES 18. MOTHER'S NAME (First, Middle, Meiden Surname) MATILAN ?										
10	BERNARD L. PONTZ 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2//22 226 ASBURY Rd. RIVIERA BEACH, Md										
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory or other place) 20b. PLACE AND DATE OF DISPOSITION (Name of Cemetery, Cremetory or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Lanley M. Loewter 22. NAME AND ADDRESS OF FACILITY MOUNTAIN & TICK RE NECK RE 23. DARK I ESTATE THE PASAGENA, Md.										
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, abock, or heart failure. List only one cause on each line. Approximate										
	immediate Cause (Finel disease or condition resulting in death) a. Breast Cancer meTasTatic To										
NOI	Sequentially liet conditions, DUE TO (DR AS A CONSEQUENCE OF): L U R W aa d B o 4 C										
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease pr Injury that initiated evente Due to (or as a consequence of):										
ERI	resulting in death) LAST										
	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS										
EDICAL	PERFORMED? 1 YES 2 NO COMPLETION OF CAUSE OF DEATH?										
PHYSICIAN: ME	1 TES 2 NO										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one)										
YSI	1 VES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)										
ву Рн	27. MANNER OF DEATH 1 Neturel 5 Pending 2 Accident Investigation 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO										
	3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.										
BE	296. SIGNATURE AND TITLE OF CERTIFIER Prayer Both M. O. D. 27938 296. LICENSE NUMBER 296. DATE SIGNED (Month, Day, Year) 7/22/91										
10	Mayer Gorbath 795 Aquahart Rd. Glen Burne mo 2106										
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE										
	JUI 2 4 1991 Fishe Savidron Randese										

BALTIMORE, MARYLAND 21203-3146

00	t one		e deta	the !
TO BE CO	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at onc		TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be deta	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the h
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TO	or oth	Hygie	nding	r certi
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10	Item	hour	DIRE	L OR
MO	NT: H	thin 72	NERAL	SPITA
D H	ORTA	led wit	HE FU	HE HO
TO BE COMDI ETED BY BHYSICIAN: MEDICAL CERTIFICATION	IMP	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO T	TO T

- STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	A /			E OF DEA	TH	2. DATE	REG. NO.	本版 0	1 12	TIME OF DEATH
FRYE Barry"	H		COB FR	17.12	0.8	MONTH	// 04	3/9/	YEAR	01:05
4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. last	YRS. F UNDE	R 1 YEAR IF UNDE	MIN.	7. DATE (Month,	Pay, Year)	2/	Country)	ACE (Stata or Foreign
90. FACILITY NAME (IV not institution, give stre HCGH Howard		neral	10.1	y, town on locat	10HOF DEA	D /			N CL	d.
108. STATE 10b. COUNTY	vard.	7.	10c. CITY, TOWN	OR LOCATION (Th	1				d. INSIDE CITY LIMITS?
8208 Town 4 Col	inty f	lud	MHC	10f. ZIP COC	2104	3		10g. CITIZI	EN OF WHA	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		T EVER IN U.S. ARM YES 2 AND MR OR DATES		WAS DECENDENT It yes, specify Cub 1 YES 2 NO	an, Maxican	, Puerto R		or No-	I4. RACE — Black, W Specify:	American Indian, thite, etc.
15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +	(Ghr	EDENT'S USUAL OF KIND OF WORK DON'S PORT USE PORTING.	during most of work		1	WIND OF BUS			
17. FATHER'S NAME (First, Middle, Last) FEYE, James	SE	James	200	1 -	446		anyo	_		Elise Sh
J. Eric Frye		196.	HOB TOU	os (Street and Number	or or Aural Al	1 Bl	Id D	n, State, Zip (Code) E	ND ZIOTE
20a. METHOD OF DISPOSITION 1 Striat 2 Cremation 3 Remove 4 Oonetion 5 Other (Specify)	val from State	other plac	cel	lame of cometery, cre S Memor		Pk.		cation – c		e, LA
21. SIGNATURE OF FUNERAL PERVICE LICE	INSEE /	/	22	NAME AND ADDR	ESS OF FAC	HLITY		977		
C/ Continues	Hut	MO	0535	Elli	cott		lack ty, N			Home 21043
23. PART I. Enter the diseases, option shock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	list only one cau	t caused the dea	ith. Do not ante	-	ying, such	Ci sa cerd	ty, N	lary l	and at,	21043 Approximate interval Batween
shock, or heart fallura. L IMMEDIATE CAUSE (Finel disesse or condition	DUE TO	t caused the dearese on each line.	UENCE OF):	r the mode of d	ying, such	Ci sa cerd	ty, N	lary l	and at,	21043 Approximate interval Batween
shock, or heart failure. L iMMEDIATE CAUSE (Finel disease or condition resulting in desth) Sequentielly list conditions, If any, isading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSECU-	UENCE OF):	r the mode of d	tal	Ci sa cord	ty, N	AUTOPSY MMEO?	and ont,	21043 Approximate interval Batweer Onset and Daatt
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P.O. BOX 68760,

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After the death

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3-11-07 000 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 19 DAY 3. TIME OF DEATH TYRONE FENNER 07 1991 7:49 P A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morith, Day, Year)
05-28-61 IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 215-92-7822 1 文文2 D F 30 HOURS MD. 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALITMORE CITY BALITMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWH OR LOCATION 10d. INSIDE CITY MD CITY BALTIMORE. 1XXYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? U.S.A 21218 2103 HOMEWOOD AVENUE 13. WAS DECENOENT OF NISPANIC ORIGIN? (Specify Yea or NoIf was, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried If yes, specify Cuben, Mexicen, Puerto Ri BY 3 Widowed 4 Divorced Specify. BLACK ED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high (Give kind of work done during most of working life. Do NOT use retired.) COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) UNEMPLOYED 17. FATNER'S NAME /First Middle FENNER 18. MOTNER'S NAME (First, Middle, Maiden Surname CLAYTON LORRAINE HARRISON BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code 2 2103 HOMEWOOD AVE./BALTIMORE, MD. CLAYTON FENNER 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State VOSHELL MEM. PK. CEMETERY BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM C. MARCH F.H. 1101 E. NORTH AVE. 23, PART I. Enter the diseases, or complications that caused the death. Be not enter the mode of dying, such as cardisc or respiretory arrest, Approximate ahock, or heart failure. List only one cause on each line. interval Batween IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) SEPTIC SHOCK WK DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION PNEUMOCYSTIS CARINII PNEMONIA 1 WK Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, iasding to immediate cause. Enter UNDERLYING ACID FAST BACILI INFECTION / WK CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST HUMAN IMMUNODEFICIENCY VIRUS 1 YR PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? ARRHYTHM 14 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? NOSPITAL:
1 Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Aursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending 1 YES 2 NO BY 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29a. CERTIFIER (Check only Check on MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNEO (Month, Day, Year))atan

all REPIDENT PHYSICIAN 18/66 19 July 7/ WHO COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) HOPKINS 600 N. WOLFEST. BALTIMORE, MO 2/205 SPITAL. 32. REGISTRAR'S SIGNATURE

DNMH-16 Rev 1/89

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Andrew Gregory Street

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29b. SIGNATURE AND TITLE OF CERTIFIER

***1991**

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

St

P. PEGISTAAR'S SIGNATURE

BE

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DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	nours after death with the State Dept. of Health and Mental Hygiene prior to burkal, cremation, or removal.	PORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death wit	IMPORTANT: If Item 28 Is marke

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2. DATE OF DEATH 1. QECEDENT'S NAME (First, Middle, Last) HENDERSON FLETCHER 3. TIME OF DEATH CHER END 23:20 M 01 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign -8112 DAYS 1 8 M 2 0 F YRS. 1-6-1912 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH tos AGNE DIRECTOR 410 RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MD Baltimore 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 Wade Avenue 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 NO Specify: BY 3 Widowed 4 Divorced black no COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elamentary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Rose Hawkins Mother 932 Amer Drive, Ft Washington, MD 20744 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board annun 7/22/91 655 W. Baltimore St, Balto.MD mplications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final **Onset and Death** disease or condition_ resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): Bleas CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 1 YES 2 NO OF DEATH? 1 TES 2 NO V 19 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ng Home 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be determined COMPLETED 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Pay, Year)

BALTIMORE, MARYLAND 212

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEMBER SAME (PAR. MADE, LAND) 4. SOCIAL SCOUNT NUMBER 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 6. SEX (Pay to se provided) 5. SEX CONTROL SCOUNT NUMBER 5. SEX 5. SEX CONTROL SEX CONTROL PROVIDED 6. SEX CONTROL P		REGISTRAR		CERTIFICA	TE OF	DEATH	BE	G. NO.		
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BALTUTT MAKE (IT ON INJURIES) THE MATCH STATE OF CRECEDENT STORE AND A STATE OF THE MAKE STATE OF THE MAKE STATE OF THE MAKE STATE OF THE MAKE STATE			5. SEX 6. AGE (In)	rrs. last birthday) IF U	DER I YEAR		(Month, Day,	TTH Year)	a. BIRTI	HPLACE (State or Foreign
S. SINGET AND NUMBER 11. MARTINE STATUS 11.	10H	7/8 N. Linu	street and number)		BA	OR LOCATION OF D			UNTY OF D	DEATH
S. SINGET AND NUMBER 11. MARTINE STATUS 11.	DIRECTOR		тү	10c. CITY, TOV	N OR LOCAT	ION				10d. INSIDE CITY
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1. SPECIAL PROPERTY EDUCATION 1. SPECIAL PROPERTY SUBJECT SUB	FUNERAL					2120			2.	SAI
The Standard Second Sec	ВУ	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	It yee, spe	ecify Cuban, Mexico	en, Puerto Ricen, e	city Yes or No— etc.)	Black	k, White, atc.
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1 Decided 2 Consideration 3 Control Co	٩	DATOTAY (sillespie	718 N.	Lil	wood	AVE	pt to	M	12/305
23. PART I. Enter the diseases, or complications and treased the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches the diseases or complications at the cause date and the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inches the condition of cause on asch line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) But to (on as a consecounce or): But to (on as a cons		1 Suriel 2 Cremetton 3 Re		ry, cremetory of other pla		me of	OATE 2	Poc. LOCATION -	City or To	own, State
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, abook, or haart failure. List only one cause on aach line. Approximate abook, or haart failure. List only one cause on aach line. Approximate abook, or haart failure. List only one cause on aach line. Approximate inflamentary and the cause of the			/		22. NAME AN	O ADDRESS OF FA	CLIYY	, , ,	15/11/	US MA
IMMEDIATE CAUSE (Fine) disease or condition resulting in death) But to (or as a consequence or): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (or as a consequence or): DUE				e 1	129	N. CAI	ROLIN	IE 57		21213
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other eignificent conditions Conditions DI VES 2 NO 1 VES 2 NO		iMMEDIATE CAUSE (Fine) disease or condition			den	th (as	sume	d vent	ricu	Intervel Betwe Onset and De
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 1 Inpatient 2 EN/Outpatient 3- DOA 4 Numining Home 3- Residence a Other (Specify) 28. DATE OF NUMY NORK? 28. DATE OF NUMY AT WORK? 1 YES 2 NO 28. DATE OF NUMY AT WORK? 1 YES 2 NO 28. DATE OF NUMY AT WORK? 28. DATE OF NUMY AT WORK? 28. DATE OF NUMY AT WORK? 28. DATE OF NUMY AT WORK? 28. DATE OF NUMPY AT WORK? 29. LOCATION (Street and Number or Rural Route Number. 29. CERTIFER (Check only of Numpy And Number or Rural Route Number. 29. SIGNATURE AND TITLE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE OF CERTIFING TO THE	CATION	If any, leeding to immediate cause. Enter UNDERLYING	b. Is Chemic Due to (OR AS A CO	INSEQUENCE OF	- di	sease	7	(m)		
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29e. CERTIFIER (Check only orio) 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. SIGNATURE AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Dey, Year) 32. REGISTRAR'S SIGNATURE Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State) Chy or Town, State)	B	2 Accident Investigation		м	1 🗆 YI	_				
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Mooth, Day, Year) 30 NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	ETED	a Conin not be	building, etc. (Specify)		ectory, office		City or Town,	Street and Number State)	or Rural A	loute Number,
30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) DUNCAN SALMON M.D. 5601 Loch Raven Blvd 31. DATE FILED (MORIT, Day, Ybar) 32. REGISTRAR'S SIGNATURE	COMPL	(Check only	SICIAN: To the best of my knowledg	e, death occurred at the	time, date e	and place, end due ath occured at the	to the cause(e) en	nd manner es sta	led. ne ceuse(s)	end manner ee stated.
DUNCAN SAZMON M.D. 5601 Loch Raven Blvd. 31. DATE FILED (MORTH, Day, Year) 32. REGISTRAR'S SIGNATURE	BE	296. SIGNATURE AND TITLE OF CERTIFIE	n Saly	un	mn	29c LICENSE NUM	7 73	29d. DAT	E SIGNED	(Mogth, Day, Year)
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II IIII 7 /I IUUI CU/A JAINAA-A-IRONGENG		31. DATE FILED (Month, Day, Year)	Julia Davidson Rend				<i>y</i> ()		Ba	H. MD

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, PATRICIA								2. DATE OF DEATH	Par	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	1 birthday)	IF UNDER	t YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	3	a. BIRTHPL	ACE (State or Foreign
	286-26-766	. D	61	YRS.	MONTHS	DAYS	HOURS	MIN.	01/26/	30	Country)	in
	9a. FACILITY NAME (If not institution,	991. X			9b. CITY	r. TOWN	OR LOCAT	ION OF DE			INTY OF DEA	
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DIRECTOR	RESIDENCE OF DECEDEN	IT	URPARA					RE (TITY	1		
RE		OUNTY			ry, TOWN						1	od. INSIDE CITY LIMITS?
	MARYLAND			BAL	TIM							XX ES 2 NO
FUNERAL	10e. STREET AND NUMBER					10	. ZIP COD			-		AT COUNTRY?
NE	623 S. BETHE						Ame	1231			J.S.A	
	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. AR	NO ON		If yes, sp	ecity Cubi	en, Maxica	NIC ORIGIN? (Specify 1 in, Puerte Rican, etc.)	es or No-	Black, 1	– American Indian, Whita, etc.
ВУ	3 Widowed 4 Wivorced	IF YES, GIVE V	WAR OR DATES (1 TYES	2)(1)(10)	Specif	γ:		Specify:	WHITE
	15, DECEDENT		16e. DE	CEDENT	USUAL C	CCUPATI	ON		16b. KIND OF 8	USINESS/IN	DUSTRY	
COMPLETED	(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5	His .	ive kind of Do NOT u	work done ise retired.)	during m	ost of work	ing				
P	12 years			HOUS	SEWI	FE						
S	17. FATHER'S NAME (First, Middle, La	isi)							ME (First, Middle, Maid		700	
BEC	EDDIE JAM	ES WISE					E	ELIZ	ABETH BU	JRNS		
TO B	19a. INFORMANT'S NAME (Type/Print	0							Route Number, City or T			
F	ANNA PACELA			623	S.	BEI	HEL	ST.	BALTO.	4D. 2	21231	
74	20a. METHOD OF DISPOSITION 1) Surfal 2 Cremation 3	Removal from State	20b. PLACE of cemelary				(Name		DATE 20c.	OCATION -	City or Town	n, Stata
	4 Donation 5 Other (Specify	1			I CE	MET	ERY	7/2		ALTO.	CO.	
	21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE	1.		22.	NAME A	ND ADDRI	ESS OF FA	LILLY	& ZE	EILER	, INC.
	Cather	ne m.	Tech	22	F	UNE	RAL	HOM	IE 1901 I	EASTE	ERN A	VE.21231
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLY/ING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	(OR AS A CONSE	OUENCE C	∂7~€ DF):	le						
HCAL CE	PART II. Other algnificant cor	editions contributing to	death but not	resulting	in the u	nderlyir	g cause	given in		AN AUTOPSY ORMED?	1 6	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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ž												
SIA	25. WAS CASE REFERRED TO MEDI EXAMINER?	CAL HOSPITAL:					LACE OF	OEATH (C/	heck only one)			
Si	1 TES 2 NO		☐ ER/Outpatient :	DOA	4 Nu		ne 5 🗆 F	Rasidence	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pendin 2 Accident Investig	9	F INJURY Day, Year)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DESCRIBE HO	V INJURY O	CCURED	
	3 Suicide a Could 4 Homicide determine	not be building	OF INJURY — At he, atc. (Specify)	ome, farm,	, street, fac	ctory, offi	ca		281. LOCATION (Stre City or Town, Ste	et and Numb	er or Rural Ro	ute Number,
COMPLETED	CONSTRUCTION OF THE CONTRACT O	PHYSICIAN: To the best of										and manner as stated,
BE	29b. SIGNATURE AND TITLE OF CE	ed Ke	Und- J	ieu	ale	H	29g LIK	CENSE NU	MBER 356	29d. DA	TE SIGNED	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAN	ISE OF OEATH (ITE	M 27) (Typ	e, Print)					(1)		
	NARAVAL, JOS	EFINA M.D	. CHU	RCH	HOS	PTT	AL I	101	N BROAL	VAM	012	31
	31. DATE FILED (Month, Day, Year)	Luia Davidson	A SIGNATURE									
	1111 2 4 1991	June Parland										

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	nd completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		
	or use as		
. /	detached fi		once.
	should be		ther traumatic event, the medical examiner must be notified at once.
	2		5
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	director,		er mus
	funeral		xamin
	by the	emoval.	dical e
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	y filled	tion.	the 1
	ompletel	rior to burial, cremation, or rer	event.
	o pu	buria	atic
	ysician and	iene prior to burial, cn	Mile
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	g phy	lene	the

19926 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 | REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENI REG. NO.	91	19926
,	1. DECEDENT'S NAME (First, Middle, Last) Elsie	E	Gaines	_	JULY 17,00	1991 YEAR	3. TIME OF DEATH 1:00pm
	4. SOCIAL SECURITY NUMBER 210 - 32 - 68 38	5. SEX 8. AGE		UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Moeth, Day, Year)		ITHPLACE (State or Foreign intry)
E CH	9a. FACILITY NAME (If not institution, give str Maryland Genera		96.	Baltimore C:		9c. COUNTY OF	DEATH
MECION	10a. STATE 10b. COUNTY	1/80	10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY LIMITS?
HAL DI	10e. STREET AND NUMBER	1 <	+	101. ZIP CODE		10g. CITIZEN O	1 YES 2 NO
FUNEX	11. MARITAL STATUS 1 Prever Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 ANO	13. WAS DECENDENT OF HISPAN If yee, specify Cuben, Mexica	n, Puarto Rican, atc.)	BI	ACE — American Indian, ack, White, etc.
ED BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE WAR OR I	16a. DECEDENT'S USU		16b. KIND OF BUS		B/ACK
COMPLEI	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	He. Do NOT use rel	done during most of working led.)			
	17. FATHER'S NAME (First, Middle, Last)	sines	/	18. MOTHER'S NA	ME (First, Mjddje, Meiden	Surname)	
O BE	19a. INFORMANT'S NAME (Typo/Print)	Roila	19b. MAILING AD	DRESS (Street and Number or Rural	Route Number, City or Town	n, State, Zip Cotie)	1000
	20a. METHOD OF DISPOSITION 1. Burlel 2 Cremation 3 Remo	(2) (4) (6)	bb. PLACE OF BISPOSITIO	ON (Name of cornetory, cremetory or	20c. LO	CATION — City or	Town, State
	4 Donation 6 Other (Specify)		ST TAU/E	22 NAME AND ADDRESS OF FA	en.	mich	la.
	· rosigh o	1. Puss	/	Joseph Lik	wiss ru	Balta	md. 21216
	23. PART I. Enter the diseases, or c ahock, or heart fellure. I	List only one cause on	each lina.		h aa cardlac or respi	ratory srrest,	Approximata Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Biliar DUE TO (OR AS		cinoma			Onact and Death
20	Sequentially list conditions, if any, leading to immediate	a	A CONSEQUENCE OF):				
HILICALION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS	A CONSEQUENCE OF):	_			
CERT	resulting in death) LAST	1					
AL	PART II. Other algnificant condition	s contributing to death	but not resulting in t	he underlying ceuse given in	PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC					1 _ YES 2	Z-NO	OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		26. PLACE OF DEATH (C)	neck only one)		
IVSI	1 TYES 2 NO	HOSPITAL: 1 Pinpatient 2 ER/Ou 28a. DATE OF INJURY		THER: Nursing Home 5 Residence Residence	6 Other (Specify) 28d. DESCRIBE HOW II	N NIEW OCCUPE	
	1 A Netural 6 Pending 2 Accident Investigation	(Month, Day, Year)) INJURY	M 1 YES 2 NO	280. DESCRIBE NOW	NOONI OCCONEL	
TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, streed (1977)	it, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED BY	and and			t the time, data and place, and due n my opinion, death occured at the			se(s) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CERTIFIEF	lkah.	MDA	29c, LICENSE NU	MBER	29d. DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHI	o completed cause of a	DEATH (ITEM 27) (Typls, Pro	Baltimo	LE MD	21	201
	31. DATE FILED (Month, Day, Year)	ina Davidson-R					

Thi.

hospital or attending physician.	This certificate has been signed by the attending physicien and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Merital Hydrone prior to burial, cremation, or removal.	60
PHYSICIAN. The see requires that the death centificate be secured within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	d completely filled in by the funeral director, page 5 should be written, cremation, or removal.	ted, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL OR ATTENDING	WERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi this 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	47. If Nem 28 is marked, or Nem 23 shows any injury, or other traumat
TO THE HOSPITAL OR ATTENDING PHYSH	TO THE FLINERAL DIRECTOR: After this or be filed within 72 hours after death with I	IMPORTANT: If them 28 is marked,

1 - STATE REGISTRAR 1. DECEDENT'S NAME (F	irst, Middle, Leati		C	ERTIFI	CATE OF	DEATH	0.00	REG. NO		_	
RITA	AGNES	GUERTLE	CR				Jul	y 22	, 19	91	3. TIME OF DEATH
4. SOCIAL SECURITY NU 219-10-1	203	1 🗆 M 2 🗶 F	8. AGE (In yrs. le	" -	IF UNDER 1 YEAR MONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	(140)	E OF BIRTH oth, Day, Year) 02-23		8. BIRTI	HPLACE (State or Form
921 REGI						OR LOCATION OF	DEATH		9c. COU		
RESIDENCE OF D									I	DAL.	TIMORE
MARYLAND	BALT	IMORE		10c. CITY,	BALTIM	ORE					10d. INSIDE CITY LIMITS? 1 YES 2 X N
921 REGIN					10	21227					WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 X Widowed 4 D	Married	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAS	YES 2	RMED NO	If yes, s	CENDENT OF HISP Deciby Cuben, Maxi B 2 NO Special	can, Puarto	N? (Specify Yes		SA 14. RACI Blac Spec	E — American Indian k, White, atc.
			iii	ECEDENT'S U Give kind of wo ii. Do NOT use	1.19	ON ost of working	16	b. KIND OF BU	SINESS/IND		ANKING
17. FATHER'S NAME (First, JAME	Middle, Last) S FITZS	SIMMONS				16. MOTHER'S P		Middle, Maiden	Surname)		
19a. INFORMANT'S NAME			19			and Number or Rurs					
200, METHOD OF DISPOS	y Lyons		100 0100			COURT,					21228
1 A Buriel 2 Creme 4 Donation 5 Ott	tion 3 🗆 Ram	noval from State	06/76/9CV-CR	AND DATE OF	DISPOSITION (N	ame of	DA DA		CATION —		
	ter (specify)		MEAD	DWRIDG	E MEMOR	KIAL PAR	V // -/	TO LL	KLDGI	L. M	ARYLAND
23. PART /. Enter the shock, or IMMEDIATE CAUSE (i	diseasea, or heart failure.	Shan	caused the di	aath. Do no	HOWAH HUBBA		al H	ome, I	nc.	4107 Balt	ARYLAND Wilkens imore,MD Approximatinterval Bettonat and I
23. PART J. Enter the shock, or	diseases, or heart failure. Final	complications that c List only one cause a. DUE TO (O	caused the di	Bath. Do no	22. NAME A HOWAR HUBBA.	ND ADDRESS OF I CD H. RD Funer	al H	ome, I	nc.	4107 Balt	Wilkens imore,MD
23. PART /. Enter the shock, or iMMEDIATE CAUSE (i disease or condition resulting in death) Sequentially list conditions, leading to immigrate. Enter UNDERS CAUSE (Disease or in that initiated events	diseases, or heart failure.	a. DUE TO (O	caused the dies on each line A R AS A CONSE	OUENCE OF	HOWAF HUBBA tenter the mo	NO ADDRESS OF BUILDING H. RD Funer odd of dying, au	al H	ome, I	ALITOPSY MED?	4107 Balt	Wilkens imore,MD
23. PART J. Enter the shock, or iMMEDIATE CAUSE (disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other significance or in that initiated events resulting in death) L.	ALL SERVICE U diseases, or heart failure. Final ditions, heddate ying njury LST cant condition	a. OUE TO (O	Caused the die on each line AR AS A CONSE	OUENCE OF):	22. NAME A HOWAR HUBBA	NO ADDRESS OF BUILDING H. RD Funer odd of dying, au	ACILITY CALL H Ch as car	Ome, I	ALITOPSY MED?	4107 Balt	Wilkens Approximate interval Bet Onset and It onset and I
23. PART / Enter the shock, or immediate CAUSE (disease or condition resulting in death) Sequentially list come if any, leading to imm cause. Enter UNDERS CAUSE (Disease or in that initiated events resulting in death) L	diseases, or heart failure. Final ditions, sediate ying start condition To webical.	a. OUE TO (O E. OUE TO (O d. OUE TO (O	caused the die on each line A R AS A CONSE R	OUENCE OF):	the underlying the un	g cause given in	Part L	Ome, Indiac or respi	ALTOPSY MED?	4107 Balt	Wilkens Approximate interval Bet Onset and It onset and I
23. PART / Enter the shock, or immediate Cauch (disease or condition resulting in death) Sequentially list come if any, leading to imm cause. Enter UNDERS CAUSE (Disease or in that initiated events resulting in death) L	diseasea, or heart failure. Final Sitiona, sediate giury LIST Cant condition	a. OUE TO (O b. OUE TO (O d. HOSPITAL: 1 Inpatient 2 E 28a. DATE OF IN.	caused the dependent of the policy of the po	OUENCE OF:	22. NAME A HOWAR HUBBA It enter the mo A C (The underlying the	g cause given in	Part I.	Ome, Indiac or respi	ALTOPSY MED?	4107 Balt est,	Wilkens Timore, MD Approximate interval Bet Onset and II Onset and II WERE AUTOPEY FIND MALLABLE PROOR TO COMPLETION OF CALCOMPOSITION OF
23. PART J. Enter the shock, or iMMEDIATE CAUSE (I disease Dr condition resulting in death) Sequentially list considered in the shock of interesting in death) Sequentially list considered in the shock of interesting in death) PART II. Other signification in death initiated events resulting in death) PART II. Other signification in the shock of interesting in death initiated events resulting in death) 25. WAS CASE REFERRED EXAMINED? 1 VEB 2 NO 27. MANNER OF DEATH 1 Sequential 3 Sequential 2 Accident 3 Suicide 4 Homicide 1 Souicide 4 Homicide 1 Sequential 2 Sequential 2 Sequential 2 Sequential 3 Seque	ALL SERVICE LAND AND AND AND AND AND AND AND AND AND	Complications that of List only one cause a. Due to (o b. Due to (o d.	caused the die on each line A R A CONSE R AS	OUENCE OF): GUENCE OF): GUENCE OF): GUENCE OF): TERRET INJUST JOAN TIME: INJUST JOAN TIME: JOA	The underlying the un	DADDRESS OF IN H. RD Funer Inda of dying, au IND M IND	Part I.	Ome, Indiac or respinding or respinding or respinding to the property of the p	ALTOPSY MED?	4107 Balt est,	Wilkens Cimore, MD Approximate interval Bet Onset and It onset and It
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and the section

31. DATE FILED (Month, Day, Year)

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEN		1 1	9920
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. Т	IME OF OEATN
	0 22 42 444 444	V GARRETT						91	12:20 F
1 3	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLAC	E (State or Foreign
	227-28-2014	1 M 2 🕸 F	68 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 08/29/	1922	Virg	inia
~	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN (R LOCATION OF DI			Y OF DEATH	
0	G.B.M.C., 6701	N. CHARLES	STREET	TOW	SON		BALT	IMOR	E
DIRECTOR	10a. STATE 10b. COUNTY			TOWN OR LOCAT	ION				INSIDE CITY
E I	MARYLAND BAL	TIMORE							LIMITS?
	10e. STREET AND NUMBER		1 10%	ISON 100	. ZIP CODE		10a CITIZE	N OF WHAT	YES 2 NO
ER,	111 WEST ROAD				21204			S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DEC		NIC ORIGIN? (Specify Yes			merican Indien,
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES		if yes, sp	city_Cuban, Maxica	n, Puerto Rican, etc.)		Black, Whi Specify:	Ita, atc.
								opecny.	White
IE	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S US (Give kind of wo	dr done during mo	N st of working	16b. KIND OF BU	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Custodi	reared.)		HIgh	Sahoo	7	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		custoal	.an				<u> </u>	
	William B. Rus	sh			Pearl	ME (First, Middle, Maiden	sumame) known	١	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street a		Route Number, City or Tow		-	
2	Jerry W. Garre	ett				arkton, 1			
	20 METHOD OF DISPOSITION	200	PLACE AND DATE OF	DISPOSITION (Na	ma of		CATION - CIT		lete.
	1 Surial 2 Cremation 3 Remo	aval, from State	setery, cremetory or other Colored Col	emeterv		.8/91 Wh			
- 1	21. SIGNATURE OF FUNERAL SERVICE LIC	PASEE /		22. NAME AN	D ADDRESS OF FA	CILITY			
	· AXXX	ertenster	n	24 Se	econd S	stein Mo t., New	Freed	om.	nc. PA 17349
	23. PART L Enter the diseases, or c shock, or heart fallura. I IMMEDIATE CAUSE (Finel	List only one cause on e	ach Ilna.						Approximate Interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	5 Ocu	tar	VASUL	In Coll	Apsz		acte
z		Tipama	ry th	mo	NE				csdays
CERTIFICATION	Sequentially ilst conditions, if any, leading to immediate	DUE TO (OR AS A	CONSCOUENCE OF):	001 1	/0 /				30.95
2	CAUSE (Disease or Injury		0						
E	that initiated events resulting in deeth) LAST	OUE TO (OR AS A	CONSEQUENCE OF):						
H	resulting in deeth) CAST	l							
AL C	PART II. Other algnificent conditions	contributing to death b	ut not resulting in	the underlying	cause given in	Part i. 24a, WAS AN	ALITOREY	24h WEDE	AUTOPSY FINDINGS
<u>ა</u>	3,000	110			green ar	PERFOR	MED?	AWAIL	ABLE PRIOR TO PLETION OF CAUSE
요	REINM		11			1 🗆 YES 2	NO	OF D	EATH?
-	ASCIL	TE CR	C			_		1 -	YES 2 10
Ž	25. WAS CASE REFERRIDO TO MEDICAL	- (-5)	2 -	26. PL	ACE OF DEATH (Che	ck only one)			
Sic	EXAMINER?	HOSPITAL: 1 1 Inpetient 2 ER/Outpe		THER:	5 🗆 Residence				
PHYSICIAN: MEDIC	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJU	RY AT	28d. DESCRIBE HOW II	JURY OCCUR	EO	
BY	1 Natural 5 Pending 2 Accident Investigation	(WONTE, Day, Tear)	INJUR		ES 2 NO				
	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, atc. (Speci	- At home, ferm, stre	et, fectory, office		28f. LOCATION (Street a	nd Number or I	Rural Route N	lumber,
COMPLETED	4 Nomicide datarminad		,,			City or Town, State)			
교	29a. CERTIFIER	CIAN: To the best of my knowle	edge, death occurred :	at the time, data	and place, and due	to the cause(a) and man	ner as stated.		
S S	MEDICAL EXAMINER	R: On the basis of examination	and/or investigation,	In my opinion, de	ath occured at the t	time, data and place, and	f due to the co	euse(a) and i	manner as stated.
ш	39 SIGNATURE AND TITLE OF CESTIFIER	11,		T	29c. LICENSE NUM		29d. DATE SI		
0	1-14	61.			127/2	7-	> 7	/12/	r /
F	M. NAME AND ADORESS OF PERSON WHO				0 110			16/	//
	KICHMAD MA	FFEITAL	1 66	2 KER	116 CATAL	1672	KMIT	- Ma	121204

32. REGISTRAR'S SIGNATURE

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1	Įt.)
(1	7)

	REGISTRAR CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY VEAR 3. TIME OF DEATH MONTH DAY VEAR	ATH
1	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) FUNDER 1 YEAR FUNDER 24 HRS. 7. DATE OF BIRTH S. BIRTHPLACE (State or Country) MONTHS DAYS HOUSE MIN (Month, D.B., 16er) COUNTRY)	Foreig
	217-28-364 PIN 2XF 60 YRS. 11/12/30 Hd	
e l	90. FACILITY NAME (If not institution, give street and number) 90. FACILITY NAME (If not institution, give street and number) 90. COUNTY OF DEATH 90. COUNTY OF DEATH 90. COUNTY OF DEATH	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CI LIMITS?	ΓY
. 10	100. STREET AND NUMBER 100. STREET AND NUMBER 101. ZIP CODE 3 109. CITIZEN OF WHAT COUNTRYS	
ERAL	38/8 BELLE AVE. 21215 U.S.	4
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American In Black, White, etc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yee or No— lif yes, specify: BLACE — American In Black, White, etc.)	diar
ETED	15. DECEDENT'S EOUCATION (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed) (Specify only highest grade completed)	
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+) HOUSEKEEPER HOSPITAL	
	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiglen Surname) Tanks Trucks in	
TO BE	19e. INFORMANT'S NAME (Type/Print). 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)	
	208. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of committer) or 290. LOCATION - City or Town, State	
	1 Surial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify)	
	March F. H. West Ave	
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reepiratory arrest, shock, or heart fellure. List only one cause on each line.	Be
	IMMEDIATE CAUSE (Finel disease or condition) acute Bronchial asthma with	K
	DUE TO (OR AS CONSEQUENCE OF):	
CATION	Sequentially list conditions, if any, leading to immediate	_
FICA	CAUSE (Disease or Injury that initiated events DUE TO (DR AS A CONSEQUENCE OF):	_
CERTIFIC	resulting in death) LAST	_
	PART II. Other pignificant conditions contribution to death but not resulting in the underlying cruse given in Pirt I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY PERFORMED? OMPLETION COMPLETION R '	
MEDICAL	of DEATH?	_ ·
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)	_
YSICI	EXAMINER? 1 YES 2 NO THER: 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)	
/ PHY	27. MANNER DF DEATH 1 Netural 5 Pending Investigation Investigation	1
ED BY	2 Accident investigation 3 Suicide 8 Could not be detarmined Dullding etc. (Specify) 286. PLACE OF IN INTY — At home, fame, street, factory, office City of Specify. 287. LECATION (Singer and Number to Rural Rouge Number City of Specify)	1
LETED	29s. CERTIFIER 1 C	
COMPL	(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner of the cause(e) and manner o	20 S
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Month, pay, Ye) 7/22/9	er)
0		_

RT, M, D,

	1 - STATE REGISTRAR		CE	RTIFICA	re of	DEATH		REG. NO.			
i	1. DECEDENT'S NAME (First, Middle, Last)	5 HARR	X S. H	ICKMAN			2. DATE MONTH	OF DEATH DA		YEAR 3.	SIZO
	4. SOCIAL SECURITY NUMBER 213-01-1344	1/2 M 2 🗆 F	AGE (in yrs. lest	birthday) IF UNI YRS. MONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	of BIRTH Dev Year) 7 21,1	10 To 100	Country)	ACE (State or Foreig
TOR	9a. FACILITY NAME (If not institution, give structure) 7. 705EPH H05 RESIDENCE OF DECEDENT			1	OWSON	PR LOCATION OF DE	ATH		Balt	imore	
DIRECTOR	Maryland Balti	more		10c. CITY, TOW TOWSOI	n	713			-	1	INSIDE CITY LIMITS?
FUNERAL	1 Smeton Place -	#805 - Dul	laney 7	Towers	101	21204			U.S		AT COUNTRY?
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12, WAS DECEDENT EV FORCES? 1 T	YES 2 TN	MED 1	If yes, spi	ENDENT OF HISPAP ecify Cuban, Maxica 2X NO Specify	n, Puerto I			4. RACE — Black, V Specify: White	American Indian Vhita, atc.
LETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(GA Ille.	CEDENT'S USUAL ve kind of work do. Do NOT use retire	ne durina mo			ng Ha			
COMPL	17. FATHER'S NAME (First, Middle, Lest)		OWI	ilet		18. MOTHER'S NA				uckii	ıg
W	Harry S. Hickman	7				Fannie		1.00	Surreme)		
TO B	19a. INFORMANT'S NAME (Type/Print) Mabel O. Hickman			Same as		and Number or Rural	Route Numi	ber, City or Tow	n, State, Zip (Code)	97
	20s. METHOD OF DISPOSITION 1	val from Stata Combment	20b. PLACE A of cometary. Dulane	ANO DATE DE O	er place) Ey Mar	(Name usoleum	7/24		cation — c moniu		
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE //	/			Towson York Rd			-		
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR	AS A CONSEC	DUENCE OF):	7.00						
CERTIFIC	that initiated events resulting in death) LAST										+
MEDICAL	PART II. Other significent conditions Y M 9 R TEA Pu L M 0 N ARI	15/02			underlyin	g cause given in	Part i.	24a. WAS AN PERFOI 1 TYES	RMED?	o o	VERE AUTOPSY FIN MAILABLE PRIOR T OMPLETION OF CO F DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			IER:	LACE OF DEATH (C)	1111 1 1 1 1 1 1	200			
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,)	IURY	28b. TIME OF	28c. INJ WC	NO 5 Residence	T	CRIBE HOW	INJURY OCC	URED	
	2 Devlates	28e. PLACE OF IN		me, ferm, street,	factory, offic	ia .		ATION (Street or Town, State		or Rural Roo	ite Number,
TED BY	4 Homicide 6 Could not be determined										
PLETED											and menner as sto
BE COMPLETED	4	R: On the basis of Fram	Instion and/or I	investigation, in r	ny opinion, d	death occured at the	time, dete	end place, a	29d, DATE	SIDNED (A	Aorith, Day, Year)
E COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basis of Fram	Instion and/or I	investigation, in r	ny opinion, d	death occured at the	time, dete	end place, a	29d, DATE	SIDNED (A	Aorith, Day, Year)

	1. DECEDENT'S NAME (First, Middle, La						EATH		TE OF DEATH	NO.	WESS	3. TIME OF DEATN
		OSTELLO		HA	ASKTNS	, J	R.		nтн О.7	DAY	YEAR	.56 P
	4. SOCIAL SECURITY NUMBER 219-70-6787		6. AGE (In yrs. las	l birthday)	IF UNDER 1		F UNDER 24 HR	6 7 DA	TE OF BIRTH		6. BIRTH	PLACE (State or Foreign
			33	YRS.	MONTHS (MYS H	OURS MH	Jun	e 12	,1958	Country	ryland
-	9a. FACILITY NAME (If not institution, gi				9b. CITY, T	OWN OR L	LOCATION O				NTY OF DE	
DIRECTOR	I JBERTY MEDICA	I CENTER			BAL TI	MORE	CITY	7				
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		10c. CITY	, TOWN OR	OCATION						
DIR	Maryland				ltimo							10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			Da.	LCTIIIC	1	PCODE			I ton CITI		N YES 2 □ NO
ER	4400 Wentwor	th Road				10.7	207				.S.A	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EYER IN U.S. AR	MED	13. WA	S DECENO	DENT OF HIS	PANIC ORIG	GIN? (Specify	Yee or No.		- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WA	AYES 2 N	10	If y	es, specify	XNO Sp	xican, Puerl	o Rican, etc.)		Black,	White, atc.
			980								В	lack
E	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	(G)	ive kind of w	Ork done duri	JPATION ing most of	f working	1	6b. KIND OF	BUSINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use		J						
COMPLETED	17. FATNER'S NAME (First, Middle, Last)			nemp	oloye	-	MOTUENIA	NAME (T)	t, Middle, Maid			
	Joseph C. Has	skins, Sr	•				arba			en Sumame)		
) BE	19a. INFORMANT'S NAME (Type/Print)	, , , , ,		. MAILING	ADDRESS /S					Town, State, Zip	Corfel	
2	Barbara Cole	Haskins	4	400	Went	wor	th R	d. B	altir	nore,	MD	21207
	201 METHOD OF DISPOSITION		20b. PLACE	ND DATEO	F DISPOSITIO				_	LOCATION —		
	1 Burial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	/	cemetary, cres					1			, 0. 104	,
	21. BIGHATURE OF FUNERAL SERVICE	AICENSEE /			22. NA	ME AND A	DDRESS OF	FACILITY				
	May 10	10 /	India-		Mar	sna	TI W	. Jo	nes,	r Fur	nera	1 HomePA e, MD212
	23. PART I. Enter the diseases, or heart failur	r complications that	aused the de-	ath Do no	of enter th	- mode	of dulan a	45011	AVE	Dait	LINOT	Approximata
CATION	Sequentially liet conditions, if any, leading to immediate	b	OR AS A CONSECUTE	UENCE OF):	U ALI	CONOL	TIVIC	XICAT	ION		
CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	6	PR AS A CONSED	UENCE OF)								
CERTIFI	CAUSE (Disease or injury that initieted eventa	d			:	rlying ce	use given	in Part i.		AN AUTOPSY	24b. \	WERE AUTOPSY FINDING
ICAL CERTIFI	CAUSE (Disease or injury that initieted eventa resulting in death) LAST	d			:	rlying ce	use given	in Part i.	PERE	ORMED?		WAILABLE PRIOR TO
ICAL CERTIFI	CAUSE (Disease or injury that initieted eventa resulting in death) LAST	d			:	rlying ce	use given	in Part i.	PERE			WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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MEDICAL CERTIFI	CAUSE (Disease or injury that initieted eventa resulting in death) LAST	d		esulting in	the under		ouse given		PERE 1 YES	ORMED?		WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

30,	within
(6876	executed
6	2
.O. B(certificate
Sip	death
0	the
O.B	that
3EC	equires
TAL	The law
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within
5	R
100	HOSPITAL

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH												
	EARL R HAM						07 20 1991			10:27 P			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER	1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPL/ Country)	ACE (State or Foreign	
	275-24-5731	1 XXM 2 □ F	59	YRS.	MONTHS DAYS				7-23-31		OHIO		
œ	9e. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF				EATH 9c. COI		OUNTY OF DEATH		
DIRECTOR	THE JOHNS HOPKINS HOSPITAL				BALTIMORE				BALTIMORE			RE CITY	
REC	10e. STATE 10b. COUNTY				Y, TOWN	R LOCA	TION				10	d. INSIDE CITY	
	MARYLAND				BAL	CIMO	RE				110	LIMITS?	
3AL	10e. STREET AND NUMBER				101. ZIP CODE						IZEN OF WHA	ZEN OF WHAT COUNTRY?	
FUNER	2921 STAFFORD STREET							4 %			USA		
BY FU	11. MARITAL STATUS 1 □ Never Married 2XXMarried 1 □ Never Married 2XXMarried 12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 □ YES 2 □ II IF YES, GIVE WATO OR DATES				13.	WAS DEC	CENDENT C	F HISPAI n, Mexice	NIC ORIGIN? (Specify Yea or No— 14. R an, Puerlo Rican, etc.)			American Indian, hite, etc.	
	3 Wildowed 4 Divorced IF YES, GIVE With OR DATES 1951-1954			1 TES 2 NO Speci					y:	Specify:	WHITE		
03	15. DECEDENT'S EDUCATION 16e. DE				USUAL O	CCUPATI	ON		16b. KIND OF BUSINESS/INDUSTRY				
ᄪ	Elamentary/Secondary (0-12) College (1-4 or 5 +)				work done in retired.)	during mo	ost of working	ng					
COMP					DUSEN	1AN			G.E. MANUFACTURING				
8	17. FATHER'S NAME (First, Middle, Last)						ta. MOTI		WE (First, Middle, Meiden Surname)				
BE	EUGENE CLYDE HAMILTON SARAH LILLIAN O'HARRAH												
၉	19a. INFORMANT'S NAME (Type/Print) GLADYS R HAMT	LTON							Route Number, City or To			222	
	GLADYS B. HAMILTON 2921 STAFFORD ST., BALTIMORE, MARYLAND 21223 20a. METHOD OF DISPOSITION 20b. PLACEAND DATE OF DISPOSITION (Name of State 20c. LOCATION — City or Town.												
	1 Buriel 2 Cremetion 3 R	amoval from State	cemetery, cre	matory or o	ther place)						City or Town,		
	CRESTLAWN CEMETERY 7-24 MARRIOTTSVILLE, MD												
-1	HOWARD H. HUBBARD FUNERAL HOME, INC.												
\rightarrow	4107 WILKENS AVE BALTIMORE MD 21229												
	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.												
	IMMEDIATE CAUSE (Final disease pr condition				V. C. V. E.V							Onaet and Deat	
ł	resulting in death)	QUENCE OF	e Carolor Falli							Sdays			
_		- 1/2	ton As A Consec	ale a	リア	0	and of	95				3 200	
2	Sequentially list conditions, if any, leading to immediate	DUBNCE OF	2:	U	- CC		`			3 orange			
3	CAUSE (Disease or Injury that Initiated events Dull 70 (OR AS A CONSEQUENT)					Ace on #					ren 1 3 days		
CERTIFICATION	reculting in death) LAST a alteroschoolic Heart VX, T Cheft >82/2											> 8yrs	
	PART II. Other significent condit	one contributing to	deeth but not r	eeultirig I	n the un	derivino	g couse o	iven in	Pert I. 24a. WAS AN	AUTOREV	24b WEI	DE AUTODON EMIDINO	
EDICA	Live	1/ Rena	I In	rlu	ep	,			PERFO	RMEO7	AM	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE	
9									1 Tes 2 Tho		OF	DEATH?	
Σ									-		1 [YES 2 -NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
SIC	EXAMINER? 1 YES 2 NO												
H	27. MANNER OF DEATH	28e. DATE OF	INJUBY	26b. TIME	OF	28c. INJ	URY AT	/ A.	28d. OESCRIBE HOW	INJURY OC	CUREO		
2	1 Netural 5 Pending 2 Accident Investigation (Month, Pay Melk)				INJURY WORK?				NA				
	3 Suicide 8 Could not be 28s. PLACE OF INJURY — At hom								281. LOCATION (Street and Number or Rural Route Number,				
-	4 Homicide determined								City or John, State)				
	29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.												
COMPL	one) 2 MEDICAL EXAM	NER: On the beals of a:	xamination and/or is	rivestigation	n, in my op	olnion, de	eath occur	d at the t	time, data and place, ar	d due to th	ne ceuse(s) and	manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIF		29c. LICENSE NUMBER 29d. DATE SIGNEO (Minth, Day, Year)										
	9/ 5/8		J/730 DATE STUNED (MORTH), Day, Year										
<u> </u>	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)												
	L. Stander-Classed win abel Ave 304/ mp.												
	31. DATE FILED (Monith, Day, Year) 22. REGISTRAR'S SIGNATURE												
	.1111 2 4 1991	Julia Davi	idson-hand	مالله									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALT MIGHE MARYLAND 21215-0020	retained by the hospital or attending physicia	are some 5 should be detached for use as the burial-tr
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral process. 5 should be detached for use as the burial-transfer be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.

1. OECEDENT'S NAME (First, Middle, Las		CERI	TIFICATE	OF D	EATH	RE	G. NO.		
the state of the s	it)					2. DATE OF DI	EATH DAY	YEAR	3. TIME OF OEATH
Martin E.		all				07		1991	12:10
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birth	day) IF UNDER		UNDER 24 HRS.	7. DATE OF BI	RTH		IPLACE (State or Foreign
238-12-3629	1 M 2 🗆 F	80 YF	48.			(Month, Day, 9-13	-1910	Count	"N.C
9a. FACILITY NAME (If not institution, giv	W		9b. CITY,	TOWN OR LO	OCATION OF D	EATH	9c. CO	UNTY OF O	EATH
316 N. Athol Str RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	eet, Apar	tment C	Bal	timore			Balı	imor	e City
10a. STATE 10b. COU	NTY	10c	CITY, TOWH O	R LOCATION					10d. INSIDE CITY
Md			Baltimon	re					LIMITS?
10e. STREET AND NUMBER				10f, ZIP	CODE		10a, Cl	TIZEN OF V	VHAT COUNTRY?
316 N. Athol Avenu	ue Apt C				21229			USA	
100. STREET AND NUMBER 316 N. Athol Avenu	12. WAS DECEDEN	T EVER IN U.S. ARMEO	13. V	MAS DECENDE	ENT OF HISPA	NIC ORIGIN? (Spe	city Yee or No-	14. RACE	- American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 NO	1 1	yes, specify,	Cuban, Maxica NO Specifi	n, Puerlo Rican,	etc.)	Speci	, White, etc.
) Drack
15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Lest)	DUCATION ide completed)	(Give kin	NT'S USUAL OC	CUPATION during most of	working	16b. KIND	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) // // // // // // // +)	OT use retired.)						
17. FATHER'S NAME (First, Middle, Last)							Olin Chem	ical (Corp
Ernest C. Hall							Maiden Surname)		
10. INCOMENTS MAKE CO.		200			Cora Bar				
Bishop O. Hall							or Town, State, Z	p Code)	
						imore, M			
20e METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burisi 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Re 4 \(\tilde{\Omega} \) Donation 5 \(\tilde{\Omega} \) Other (Specify) \(\tilde{\Omega} \)	movel from State	20b. PLACE AND DI cemetery, clematory AYDUTU	or other place)	TION (Name of	,		Oc. LOCATION -		wn, State
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	_ Albata			DRESS OF FA	7-25-91	Arbtus	, MO	
Na L	1.7/		1	March	F/H Wes	t			
23. PART I. Enter the diseases, p. shock pr heart fallure	1000	2000			Wabash				
resulting in death) Sequentially list conditions,	b	OR AS A CONSEQUENCE	E OF):	eroti	c Card	iovascu	lar Dis	ease	
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	С.	(OR AS A CONSEQUENC							
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68760,	
BOX 6	
S, P.O.	
RECORDS,	
VITAL B	
ON OF	
DIVISION	

	1 - FOR STATE REGISTRAR	STATE OF MAR		CATE OF DEATH	MENIA	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last	n	HENDI	ricks	2. DATE MONTO		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	/	GE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS	7. DATE		BIRTHPLACE (State or/Foreig Country)
	978 - 82 - 8318 9a. FACILITY NAME (If not institution, give	1 M 2 DF	by YRS.	ONTHS DAYS HOURS MIN.	12	123/07	WASH. D.C.
	Liberty medica	il Center		BALTIMOR	_	, Sc. COUNT	na
1	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN	тү	10c. CITY,	TOWN OR LOCATION			104. INSIDE CITY
	M.D	na	121	4 EUTAW	PIAC	= BALTI	MUN LIMITS?
LONEUAL	100. STREET AND NUMBER	place		101. ZIP CODE	17	7,17	N OF WHAT COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y		13. WAS DECENDENT OF HISI If yea, specify Cuben, Mex			RACE — American Indien, Black, White, etc.
	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O		1 YES 2 NO Spe			Specify: Black
	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S U	rk done during most of working	16b	. KIND OF BUSINESS/INDU	STRY
1	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use	reurea.;			
	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First,	Middle, Maiden Surneme)	
4	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ADDRESS (Street end Number or Rur	al Route Num	ber, City or Town, State, Zip C	Pode)
2	C. Venturi	Daught	ter PO Box	142, Jerome S	tatio	n, Bronx, N	Y 10468
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Re	moval from State	20b. PLACE AND DATE of cemetary, crematory of	OF DISPOSITION (Name	DAT	E 20c. LOCATION — CI	ty or Town, State
	4 Donation 5 Other (Specify)	in state AB	or cemetary, crematory o	other place)			
	21. SIGNATURE OF FUNERAL SERVICE	Ronald	Wade, Dir	22, NAME AND ADDRESS OF	FACILITY	State Anatom	v board
	Marie MI		23/91	655 W. Balti			-
CERTIFICATION	Sequentially liat conditiona, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in dasth) LAST	b. DUE TO (OR)	AS A CONSEQUENCE OF) AS A CONSEQUENCE OF) AS A CONSEQUENCE OF)	125			
띩		d					
3	PART II, Other aignificant condition	ona contributing to dea	th but not reaulting in	tha underlying cause given	In Part i.	24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TO COMPLETION DF CA
MEDI						1 TYES 2 NO	OF DEATH?
							W. 120 2 3
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		28. PLACE OF DEATH	(Check only o	ne)	•
3 I	EXAMINERY	1 M Inpatient 2 ER/		OTHER: ■ Nursing Home 6 Residen	ce 6, Oth	er (Specify)	
200	1 YES 2 NO						
	1	28e. DATE OF INJU (Month, Day, Ye	JRY 28b. TIME	OF 26c, INJURY AT	28d. DE	SCRIBE HOW INJURY OCCU	IRED
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Small office

FOR STATE REGISTRAR

1. DECEDENT'S HAME (First, Middle, Last)

1 -

OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	DECEDENT'S HAME (First, Middle, Last LINDA	HOWEL	L A	JO	HNSON	1			2. DATE	OF DEATH	AY	9º1º	3. TIME OF DEATH 5:20 P
	4. SOCIAL SECURITY NUMBER 212-60-9324	5. SEX 1	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	R 24 HRS.	Jan,	OF BIRTH	1951	8. BIRTH Countr M &	PLACE (State or Foreign
CTOR	99. FACILITY NAME (If not institution, give LIBERTY MEDICAL RESIDENCE OF DECEDENT	1 100	1-	-f	BALT		ORE				9c. COU	HTY OF D	EATN
DIRE	Maryland 10b. coun	TY			town or			ty					10d. IHSIDE CITY LIMITS? 1XXYES 2 HO
NERAL	4022 Belle Av		0.2.0.2.0					-	U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	HT EVER IH U.S. AF 1 YES 2 X WAR OR DATES	RMED NO	If y	98, Spe	EHDEHT (ecity Cube 2 NO	m, Mexice	n, Puerto I	7 (Specify Year Ricen, etc.)	or No-	Black	- American Indian, k, White, etc.
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATIOH le completed) College (1-4 or 5	+) (G	ECEDENT'S IN THE RESERVE AND AND THE RESERVE AND AND THE RESERVE AND THE RESER	ork done dur e retired.)	ing mos	st of workli	ng		ity (more
BE COMPL	17. FATHER'S HAME (First, Middle, Last) Talmadge Howe 190. INFORMANT'S NAME (Type/Print)	11	gi —				18. MOT	у Ма	ME (First, A	Aiddle, Melden	Surneme)		тиоте
5	Robert B. How		20b. PLACE	5528	Cedo	ni	a A	ve.	Bal	timoi	e,	MD 2	
	1 Danetion 3 Rer 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE L		- West	matory or oth Cern	Mai	C MS11	eme More	SS OF FA	y 7/	26 (es,Jr	Cato	nsvi nera	11e, MD 1 Home P. MD 21229
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted eventa resulting in death) LAST	b	O (OR AS A CONSECUTION OF	DUENCE OF	ic .					10			
MEDICAL	PART II. Other eignificant condition	ns contributing to	death but not r	esulting in	the unde	rlying	ceuse ç	given in	Part i.	24a. WAS AN PERFOR	MEO?		WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	XER/Outpatient 3		OTHER:				ack only one				
ву рну	27. MANNER OF DEATH Haturel 5 Pending Investigation	28e. DATE OF (Month, D		28b. TIME IHJU	OF 28	c. INJU	JRY AT			CRIBE NOW IF	JURY OCC	CURED	
n n	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE 0 building,	OF IHJURY — At hosetc. (Specify)	me, farm, at	reet, tectory,	office			28f. LOCA City o	TION (Street e r Town, State)	nd Number	or Rural Ro	oute Number,
COMP	2 MEDICAL EXAMINI	ICIAH: To the best of ER: On the beele of e	my knowledge, der xamination end/or i	ath occurred	at the time	, date e	ath occur	end due	to the caus	ee(e) end men	ner ee state	ed. e cause(e)	and menner ee stated.
98	29b. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WITH	O COMPLETED CAUS	SE OF GEATH (ITEM	1 27) (Type, I	Print)			C.M			29d. DATE ▶ 07	/22/	(Month, Day, Year)
	J. CAREN (OC 31. DATE FILEO (Month, Day, Year)	KE, MI	B'S SIGNATURE.	111 PI		TRE	ET,B	ALTI	MORE	,MARYI	AND	2120	1
L	JUL 2 4 1991	Julias	avidson-Ra	ndeile									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Come Calens Joseph

TO THE HOSPITAL OR ATTENDING PHYSICAN THE TRANSPICAN THE TRANSPICAN THE PROPERTY OF ATTENDING PHYSICAN THE PROPERTY OR ATTENDING PHYSICAN THE PHYSICAN THE FIRE PHYSICAN TO THE FUNERAL DIRECTOR. After this certificate from a pined by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF WITH THE CORDS, P.O. BOX 13146,

Pages 1, 2, 3 should

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFICA	ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
,	1. DECEDENT'S NAME (First, Middle, Last)	JOHNSON GERALDINE	JOHNSON	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 2/5-09-2247	5. SEX 6. AGE (In yrs. lest birthday) F- MON	UNDER 1 YEAR IF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month. Day Vane)	8. BIRTHPLACE (State or Foreign Country) Many/Amd
DIRECTOR	RESIDENCE OF DECEDENT	nel medical (enter	CITY, TOWN OR LOCATION OF DE	e City oc.	COUNTY OF DEATH
	MANY MANY	10c. CITY, TO	altimore	· ·	10d. INSIDE CITY LIMITS? 1 FES 2 NO
FUNERAL	100. STREET AND NUMBER		10f. ZIP CODE 2/2/2	5	g. CITIZEN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuban, Mexica 1 YES 2 NO Specify	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, atc. Specify:
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		done during most of working	16b. KIND OF BUSINES	SINDUSTRY
BE COMF	17. FATHERIS NAME (First, Middle, Last)	Collins	18. MOTHER'S NA	ME (First, Middle, Margen, Sums	ame)
TO B	Mr. of Mrs. C	harles Collin 3615	DRESS (Street and Number or Rural I	Poute Number, City or Yown, Sta	ete, Zip Code)
	20a. METHOD OF DISPOSITION 1 Pauriel 2 Cremetion 3 Rem 4 Donetjon 6 Other (Specify)	ovel from State Sher place)	N (Name of cematery, crematory or	Em. 18	ON — City or Toyn, State
	21, SIGNATURE OF FUNERAL SERVICE LI	Le Russi	2232 W	Corth Ave	e francisco
	23. PART/I. Enter the diseases, or ahock, or heart failure.	complications that caused the death. Do not a List only one cause on each line.	anter the mode of dying, auc	h as cardiac or respirato	ry arreat, Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. PREUM W (A			Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b			
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):			
¥	PART II. Other algorificant condition	na contributing to death but not resulting in the HEAVE FAILME	he underlying cause given in	PERFORMED	O? AVAILABLE PRIOR TO COMPLETION OF CAUSE
: MED	m	NUMITION		1 TYES 2 24	DF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: O	26. PLACE OF DEATH (Ch	neck only one)	
BY PHYSICIAN: MEDIC	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Outpatient 3 DOA 4-4	F 28c. INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW INJUR	RY OCCURED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide datarminad	28e. PLACE OF INJURY — At home, farm, streebuilding, atc. (Specify)	et, factory, office	28f. LOCATION (Street and It City or Town, State)	Number or Rural Route Number,
COMPLETED	[Critick Only	ICIAN: To the best of my knowledge, death occurred a ER: On the besie of examination and/or investigation, i			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	harde no	29c. LICENSE NU 1027		od. DATE SIGNED (Morgin, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WE	HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	int)		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Julia Davidson-Rondalle			

Pages 1, 2, 3 should

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 3. TIME OF DEATH Kson 1:50.0 M ac Ida 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 17-0784 DAYS 2-1920 Hd 1 M 2 XF 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH 1. berty DIRECTOR RESIDENCE OF 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Ba 19 1 YES 2 NO DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit, hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 360 21215 4 Howar 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yea. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS FORCES? 1 YES 2 2 Married 1 TES 2 NO Black Specify. B 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY y/Secondary (0-12) College (1-4 or 5+) usses 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) Mis Thy BE ORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS Street and 2 21216 METHOD OF DISPOSITION DATE 20c. LOCATION 3 🗆 or (Specify) 22, NAME AND ADDRESS OF FACILITY IERAL SERVICE LICENSEE 21. SIGNATURE u 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, ahock, or heart fellure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) ractoru AS A CONSEQUENCE OF) STAGE MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING o cardid CAUSE (Diseese or Injury DUE TO (OR AS A CA that initiated events resulting in death) LAST Cardio PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY WERE AUTOPSY FINDINGS **AVAILABLE PRIOR TO** COMPLETION DF CAUSE 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 70 Inpatient 2 - ER/Outpatient 3 - DOA g Home 5 - Residence 6 - Other (Specify) 4 I Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL within 72 1 IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 표 9 720 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Beltemae Bert RANCE Amp medic center 21215 31. DATE FILED (Month, Day, Jula Javids Sign June All 1991

BALTIMORE, MARYLAND 21215-0020

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	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. les		IF UNDER	DAYS	IF UNDER	MIN.	7. DATE OF BIR (Month, Day,		8.	BIRTHPLACE (State or Foreign Country)	
	214-40-5187		1 M 2 F	80	YRS.	MONTHS	UATS	HOUNS	write.	Jan.30,	1911	N	Maryland	
00	Sa. FACILITY NAME (If not i	institution, give a	street and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH	9	c. COUNTY	OF DEATH	
P	Edenwald	CEDENT				То	WSOI	1			В	altim	nore	
E C	10a. STATE	10b. COUNT	Υ		10c. C/1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY	_
la la	Maryland	Balt	imore		To	wson							LIMITS?	
FUNERAL DIRECTOR	10. STREET AND NUMBER 800 Southerly Rd., Apt. 709 11. MARITAL STATUS 1 Never Married 2 Married FORCES? 1 YES 22							f. ZIP COD	_		10		OF WHAT COUNTRY?	
W.					21204					U.S.A.				
	1 Never Merried 2	Married	FORCES? 1	YES 24	NO		If yes, sp	ecify Cubi	n, Maxica	IIC ORIGIN? (Spec	olfy Yes or Hc.)	No- 14,	RACE — American Indian, Black, White, atc.	
ВУ	3 Widowed 4 Div	orced	IF YES, GIVE W	AR OR DATES			1 TYES	2 X NO	Specify	/ :		W	Specify: hite	
	15. DEC (Specify on	CEDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATH	ON out of world	20	16b. KIND	OF BUSINE	ESS/INDUST	'RY	
iii	Elementary/Secondary (* 1.2		College (1-4 or 5 i	,			ourng me	ost of working	v					
COMPLETED			6	Te	ache	r							y Schools	
	17. FATHER'S NAME (First, A. Milton V. W.									ME (First, Middle, I				
B	19a. INFORMANT'S NAME (100	MAHINA	ADDRESS	2 (0)			nez Phi	-			
5	Thomas M. Be	eufelt	er, Sr.							. 3B, L	uther	rvill	e, Md. 21093	
	20e. METHOD OF DISPOSIT 1 X Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE A	matery or o	ther place!			7/	22/91 :	Oc. LOCAT	ION — City	or Town, State	
	21. SIGNATURE OF FUNERA		CENSEE	Parkw	ooa	Ceme 1	NAME A	NO ADDRE	SS OF FA	CILITY	laik	ATTTE	, Md.	_
	> Wal	lace -	S. Brown	St. In		R	1ck	Tows	on F	uneral l	Home ,	, Inc	•	
	23. PART I. Enter the d ehock, or h	liseases, Dr.		caused the de	ath. Do i									n
	IMMEDIATE CAUSE (Findisease or condition resulting in death)	nel	. P	CUTE ONSE	NYE	cort	Min	l i	NE	Docrio!)		Onset and Deat	h
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CERTIFICATION	Sequentielly list condit		b. DUE TO	OR AS A CONSEC	UENCE O	F):								_
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RTIF	that initiated events resulting in death) LAS	т	OUE TO	OR AS A CONSEC	DUENCE O	F):								
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MEDICAL		onano.	a continuoning to	death but not h	eaulting	in the un	derrying	g ceuse g	lven in		ERFORME		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	•
										_ '''	rES 2	NO	COMPLETION DF CAUSE OF DEATH?	i
										-			1 YES 2 NO	
IAI	25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF D	EATH (Che	ick only one)				\dashv
SIC	EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			6 Other (Specif	(v)			T
PHYSICIAN:	27. MANNER OF DEATH		28a, DATE OF (Month, De	INJURY v. Year)	28b. TIM		28c. INJ			28d. OESCRIBE		RY OCCURE	D	+
ВУ		Pending Investigation				М		/ES 2 [NO					
0		Could not be determined	28s. PLACE Of building,	FINJURY — At house, (Specify)	me, ferm, s	street, fact	ory, offici			28f. LOCATION (City or Town,	Street and f State)	Number or R	ural Route Number,	٦
PLET	29a. CERTIFIER (Check only	TIFYING PHYSI	CIAN: To the beat of	my knowledge, des	eth occurre	ed at the ti	ma, deta	and place.	and dua	to the cause(a) ar	nd menner	as stated		\dashv
COMPL	one) 2 MEO	ICAL EXAMINE	R: On the basis of ax	amination and/or i	nvestigatio	n, In my o	pinion, d	esth occur	ed at the	time, deta and pla	ca, and du	a to the car	use(a) and manner as stated,	
BE (296. SIGNATURE AND TITLE	OF CERTIFIES		enund	Z	MD		29c. LICE	NSE NUM	BER 97	29	DATE SIG	NED (Month, Day, Year)	
10	Marcio Manen		O COMPLETEO CAUS	E OF DEATH (ITEN	1 27) (Type,			100	- 0	1		- /	1 1 1)	4
	Marcio Menen 31. DATE FILEO (Month, Day,			5 Osler	Dr.,	Sui	te 4	408,	Tows	son, Md.	212	204		
	JUL		Da P	Davidson-P	Andel	t.								
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached authorized plant and the state of the property of temporal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1. DECEDENT'S NAME (First, Middle, Last)	ka Caroly	AL. Kell	ly-Hal	.1	2. DATE O	F DEATH DAY	,	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-38-6481	5. SEX 6, AGE		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE O (Month,	Dev Year)	12	Countr	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give si	weral Hos	pital "	city, town o	Colu	Mb12		9c. COUN		DEATH
10a. STATE 10b. COUNTY HOW	vard	10c. "TY T	OWN OR LOCAT		Elli	cott			10d. INSIDE CITY LIMITS? 1 YES 2 NO
3596 Mt. I	77.			21043				USA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	27 NO	If yea, ap-	ENDENT OF HISPA ecify Cuban, Mexico 2 NO Speci	an, Puarto Ri		or No-	14. RACE Black Spec	E — American Indian, k, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use n	k done during mo attred.)	ON st of working		(IND OF BUS			
	2+	Teacher	c					He	ead Star
17. FATHER'S NAME (First, Middle, Last) Herbert		King			el Vi	rgin	ia		oung
John Edwin Hal	.1			a Driv					7, MD 21
1 Burial 2 Cremation 3 Remarks Donation 8 Other (Specify)	oval from State	Wit Zion	Meth.	Churc	h Cen	n L	ation - c	1.	MD
23. PORT I, Enter the diseases, or	Llect	M00535	22. NAME AF	llicot	t Cit	lack ty, M	Fune aryl	ra]	Home 21043
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be detached to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	BALTIMORE, MARYLAND	Jours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detache or removal.	medical examiner must be notified at once.
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REGISTRAR 1. DECEDENT'S NAME (F	lAd	43 E	. K	Nou	VA	OF DEA		2. DATE MONT	OF DEATH	79	YEAR 91	3. TIME OF DEATH
4. SOCIAL SECURITY NO.		5. SEX	6. AGE (In yrs	: last birthday)	IF UNDER 1 YE	AR IF UND	R 24 HRS.	7. DATE (Mont	OF BIRTH h, Day, Year) 2 - 29 -	14	B. BIRTHE Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution, give street and number)					9b. CITY, TOWN OR LOCATION OF DEAT				2-23-		ITY OF DE	
	MERIDIAN N.H.					LTIMO	RE,	MD				
10a. STATE 10b. COUNTY				10c. Cl	TY, TOWN OR L	OCATION			_			10d. INSIDE CITY LIMITS?
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11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 1			NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	If yes	DECENDENT s, specify Cut YES 2 X NO	an, Mexica	n, Puerto	Y? (Specify Ye Ricen, etc.)	a or No—	14. RACE Black, Specify	- American Indian, White, etc.
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17. FATHER'S NAME (FI/S HERBER		OWLAND		O L	LIKK	16. MO	THER'S NA		Middle, Malden		BINS	ON
194. INFORMANT'S NAME EVELYN		SES		19b. MAILIN	ALHA	reet and Numb	or or Rural I	Poute Num	ber, City or Tov	on, State, Zip	MD.	21212
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	1. DECEDENT'S NAME (First, Middle, Last)	101 -		IOAI L	OI DEF		2. DATE OF DEATH		3. TIME OF DEATN
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	3. SOCIAL-SECURITY NUMBER 5.	M 2 DF 6. AGE (In yr	s. lest birthday) YRS.	IF UNDER 1	YEAR IF UND	MIN.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		rns.	9h CITY	TOWN OR LOCA	TION OF O	10-1-		MARYAND
HO HO	2816 FREDRICK AV	reserve"				TION OF D	EAIN		OF DEATH
ECT	RESIDENCE OF DECEDENT 10e. STATE / 10b. COUNTY	Alex	Y, TOWN OR	TIMORE			L BA	LTIMORE	
DIRECTOR	MARYLAND		B		no Re	,			10d. INSIDE CITY
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	11. MARITAL STATUS 12 1 Never Married 2 Merried	FORCES? 1 YES 2	NO	l If	yes, specify Cyc	en, Mexico	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No 14	. RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	•	1	YES 2 NO	Specif	ty:		Specif State
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10	19a. INFORMANT'S NAME (Type/Pcint)	lac To	19b. MAILING	ADDRESS	reet and Number	or or Hural	Route Number, City of Tow	n, State, Zip Co	(de) 177
	TO SETHOD OF DISPOSITION	20h PI A	CEANDDATE	E DISPOSIT	RESS	/m	W DA	10	12//
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	21. SIGNATURE OF FUNERAL SERVICE AICENS	EE (ME ANO APOR	SS OF	any The	IR	E4 PA
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	23. PART I. Enter the disesses, or com- shock, or heart failure. List	plicetions that caused the only one cause on each	deeth. Do n	ot enter th	ne mode of dy	ing, suc	h es cardiac or respi	ratory srres	Approximate Interval Between
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL						MCC VI	14	
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PHY	27. MANNER OF DEATN	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	DF 28	c. INJURY AT	sidence	6 Other (Specify) 28d. OESCRIBE NOW IF	JURY OCCUR	ED
ВУ	Natural 5 Pending 2 Accident Investigation			M	YES 2] NO			
E	3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE DF INJURY — At building, etc. (Specify)	home, farm, s	reet, factory	, office		26f. LOCATION (Street a City or Town, State)	nd Number or F	Bural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN	7-2-1							
P P	(Check only one) 2 MEDICAL EXAMINER: Or	To the best of my knowledge, the bests of examination and	or investigation	d at the time	, data and place ion, death occu	, and dua	to the cause(a) and man	ner as atated.	use(e) and money or stated
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TO BE	mystelle free free					C.M.		•	7/22/1991
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	REGISTRAR		CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECIDENT'S NAME (First, Middle, Le	Mullins	Ş.	ALC OF DEATH	2. DATE OF DEATH MONTH DA	z 9	3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER 240-10-67.30	0 1 0 M 2 10 F		FUNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIFTIN (Month, Day, Year)	04 6	BIRTHPLACE (State or Forel Fountry)
TOR	9a. FACILITY NAME (II not institution, gi	Michael Michael	2/ 91	Baltinor	-e City	9c. COUNTY	OF DEATN //
L DIRECTOR	10e. STATE 10b. COU	NTY	10e. CITY,	OUT MORE	e		10d. INSIDE CITY LIMITE? 1 ES 2 N
FUNERAL	3/09 G/6	20 AUC,	NIIS ADMED	101. ZIP CODE	15	U	OF WHAT COUNTRY? SA RACE — American Indian.
BY	1 Diver Married 2 Married 3 Widowed 4 Diverced	FORCES? 1 YES	2 PNO	If yes, specify Culven, Maxic 1 YES 2 NO Speci	an, Puerto Rican, atc.)	IA.	Block, White, etc. Specify: Blace
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w	17. FAINER'S NAME (First, Middle, Last)	Bryant		16. MOTHER'S N.	AME (First Middle, Melden	Sumame)	
TO B	Mr. NORMANT'S NAME (Type/Print)	an Mullin	3109	ODRESS (Street and Number or Rural	Batto.	n, State, Zip Coo	2/215
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 F 4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE	temoval from State of	b. PLACE AND DATE Of obmettery, crematery or CS/CC		1/2h B	Alto.	or Town, State
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	1 DESIGN	2. Kuss		3225/U. N	orth Aus	e, DA	13 md 21
	23. PARO I. Enter the disease, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Cardio	d the death. Do not each line.	Acres	ch ea cerdiec or reap	P. BAI	Onset and
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the territory of the state of t	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5	s after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
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1. DECEDENT'S NAME (FIRS	. M	1. Mer	RETTA		MERR	YMAN		2. DATE OF DEATH MONTH 07 15	199	YEAR	IME OF DEATH
4. SOCIAL SECURITY NUM 216-18-02	134	5. SEX	6. NGE (In yrs. In	st birthday) YRS.	IF UNDER 1	YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	1921	BIRTHPLAC	E (State or Fore
Carroll C	Ga. FACILITY NAME (If not institution, give street and number) Carroll County General Hosp,					stmins				of DEATH	
100. STATE Maryland	100. 0				r, TOWN OR	LOCATION					INSIDE CITY LIMITS?
10e. STREET AND NUMBER	1809 Gum Road					101. ZIP COD	E	21797	10g. CITIZI	EN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Married 9 7 3 Nidowed 4 Divi	Merried	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF	NO	11 1	AS DECENDENT Copes, specify Cube	OF HISPAN	IIC ORIGIN? (Specify in, Puerto Ricen, etc.)	Yee or No—	14. RACE — A Black, Whi	mericen Indien Ite, etc.
15. DE((Specify on Elementary/Secondery (CEDENT'S EDU ly highest grade 0-12)	CATION completed) College (1-4 or 5	(G	ECEDENT'S like kind of was Do NOT use	rork done du e retired.)	ring most of working	ng		J.]		y Mil
17. FATHER'S NAME (First, A		Edward	Harde	n		18. МОТО	laud	e Alice	on Sumame) Derf:	linge	r
Ms. Lori	Port	er	7	6. MAILING	AOORESS (Street and Number	or Rural R	Sykesv	own, State, Zip C	ND 2	1784
20a METHOO OF DISPOSIT	20g. METHOD OF DISPOSITION 20g. METHOD OF DISPOSITION 20g. PLACE AND DATE OF DISPOSITION / Name of DATE 20g. LOCATION — City or Town, State										
23. PART / Enter the dehock, or h IMMEDIATE CAUSE (Fir	IL SERVICE LIC Melli liseeeas, or conservations	Les /	MO t ceused tha de ise on eech line	0 53 5 eath. Do no	22. NA	ME AND ADORE SIAC Elli	SS OF FAC K F Cot	UNERAL TO THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF T	HOME Mary	arrol	21043 Approximat
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23. PART . Entar the delock, or himmediate cause (filmediate). Sequentially liet condition resulting in deeth). Sequentially liet condition resulting in deeth). Sequentially liet condition resulting in deeth).	isseeas, or carefully and inseed in the inse	complications the Cist only pne ceu a. OUE TO DUE TO c. DUE TO d.	INO It coused that de ise on each line (OR AS A CONSECTION AS	0 535 eath. Do note. OUR COULENCE OF OUTENCE OUTENCE OUTENCE OUTENCE OF OUTENCE OUTENCE OF OUTENCE OUTENCE OUTENCE OUTENCE OF OUTENCE OUTENCE OUTENCE OUTENCE OUTENCE OF OUTENCE OUTENC	22. NA Ot antar th Out it ot antar th otherses	AME AND ADORES SIACE SIACE SIACE AND ADORES SIACE AND ADORES SIACE OF DECEMBER 1997 AND ADORES SIACE AND ADDRESS SIACE AN	SS OF FACE OF THE SECOND SECON	Part I. 24a. WAS A PERFI	HOME' Mary Depiratory street	land et, 24b. WERR AMAIL COMM	21043 Approximatintaryal Bat Onset and I
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23. PART . Enter the debock, or himmediate cause fill disease or condition resulting in daeth) Sequentially liet condit if any, leading to immacause. Enter UNDERLY CAUSE (Disease or injet that initiated events resulting in death) LAS PART II. Other significations are sufficiently in the condition of the condi	inseeas, or caref failura, and inseeas, or caref failura, and inseed ins	DUE TO DUE TO DUE TO C. DUE TO DUE TO	INO It coused tha de ise on eech line (OR AS A CONSECTION OF AS A CO	O 535 eath. Do note. O M & Coulonce of the course of the	22. NA ot antar th OOM i: OTHER: 4 Nursin OF 24 In the lime d at the lime	AME AND ADORE SIAC Ellina moda of dylina OF FACE OF THE STATE OF THE	Part I. 248. WAS A PERFIT I YES Ck only one) B Other (Specify) 281. LOCATION (Street City or Town, State to the cause(e) end mulme, date and place,	NATY- piratory srred NATY- piratory srred NATY- Piratory srred	24b. WERE AMAIL COMMOF DO 1 -	21043 Approximatintarval Bationset and Conset	

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	RTMENT OF H	IEALTH AND DEATH		GIENE	1 19944		
1. DECEDENT'S NAME (First, Middle, Last) EUGENE	G.		MATTHEW	S	2. DATE OF DE		year 91 09:23 p		
4. SOCIAL SECURITY NUMBER 213-70-0511	1 ⊠ M 2 □ F	(In yrs. last birthday) 3 7 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BH (Month, Day, 02-2	RTH Year)	8. BIRTHPLACE (State or Foreign Country) MD .		
	DAULTI						SALTIMORE		
	10e. STATE 10b. COUNTY 10c. CITY,				Y		10d. INSIDE CITY LIMITS? XXYES 2 \(\square\) NO		
100. STREET AND NUMBER 519 DOLPHII	N STREET		101	2121	ZEN OF WHAT COUNTRY? J.S.A				
11_MARITAL STATUS 1	12. WAS DECEDENT EVER II FORCES? 1 _ YES IF YES, GIVE WAR OR D	24 10	13. WAS DEC	scift-Cuben Mayir	ANIC ORIGIN? (Specien, Puerto Ricen,	etc.)	14. RACE — American Indian, Black, White, etc. Specify: BLACK		
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the Do NOT use UNEMP		ON st of working	16b. KIND	OF BUSINESS/IND			
17. FATHER'S NAME (First, Middle, Last)	ATMEN			18. MOTHER'S N	AME (First, Middle, LLE G	Melden Surname) AYMON	<u> </u>		
190. INFORMANT'S NAME CLYPOPPING A	MON	19b. MAILING 519	DOLPHI	N ST./	BALTIM	ORE, MI	Code) 21217		
20s. METHOD OF DISPOSITION 1 CX Buriel 2 ☐ Cremetion 3 ☐ Rem 4 ☐ Donetion 5 ☐ Other (Specify)		PLACE AND DATE	OF DISPOSITION (Na	AL PK.	CEM.	BALTIMO	ORE, MD.		
21. SIGNATURE OF FUNERAL SERVICE LIC	J. S.			MARCH		1101 E.	. NORTH AVE.		
23. PART I. Enter the diseases, or shock, or haer fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	ach lina.	COMBINED INTOXICA	NARCOT	IC AND A	LCOHOL	Pat, Approximats Interval Batwee Onset and Daa		
Sequentially list conditions, If any, lasding to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF	F):						
CAUSE (Disesse or Injury that Initisted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	F):						
PART II. Other significant condition COCAINE ABUSE	a contributing to death be	ut not resulting i	in the underlying	cause given in	P	VAS AN AUTOPSY PERFORMED? Types 2 NO	24b. WERE ALTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (C	neck only one)				
1 X YES 2 NO	1 Inpatient 2X ER/Outp		OTHER: 4 D Nursing Home	5 🗆 Residence	6 Other (Speci	fy)			
27. MANNER OF DEATH	(Month, Day, Year)	26b. TIM	URY WOR	RK?	26d. DESCRIBE	HOW INJURY OCCU	URED		
2 Accident Investigation	7/19/91	UNKI	40147	ES 2 NO	UNKN				
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At nome, term, s	HIVET, INCTORY, Office		City or Town,	261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 519 DOLPHIN ST., BALTO., MD			
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINE	CIAN: To the best of my knowledge. On the best of examination	edge, death occurre end/or investigation	nd at the time, date on, in my opinion, de	and place, end due	to the cause(e) e	nd menner ee state			
290. SIDMATURE AND SPIRE OF CENTURE	16			O.C.M.			SIGNED (Month, Day, Year) / 20 / 1991		
FRANCIS OF PERSON WHO	COMPLETED CAUSE OF DEA			MORE - N	/ARYLAND	21201			
31. DATE FILED (Moith, Day, Year)	32. REGISTRAR'S SIGNA Fishie Devidsor			- I		CTC/T			

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BALTIMORE, MARYLAND 21215-0020

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or at	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Debt, of Health and Mental Hyolene prior to burial, cremation, or named.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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- 1	1. DECEDENT'S NAME (First, Middle, Last)			EHIIF	ICATI	E OF	DEA	TH	REG. NO		Ia	TIME OF DEATH
	HERKYSON	A	NTHONY		MŢ	LLER	2		07 MONTH 20	™1991		04:47A
	4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 F	6. AGE (In yrs. la 22	ynst birthday)	IF UNDER	DAYS			7. DATE OF BIRTH (Month, Day, Year)		Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give				9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH					'H	
	PARKING I OT-5905 RIGGS ROAD RESIDENCE OF DECEDENT					ATTS	VIII	E/CH	HILL UM	PRI	NCE (GEORGE
	Pa.	TY 10c. CIT			Y, TOWN OR LOCATION Philda.							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER					101	ZIP COD	E		10g. CITIZI		T COUNTRY?
	5959 Chester	Avenue					191	43		Ja	amic:	ian
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2	RMED NO		If yes, sp	ecity Cub	OF HISPAN In, Mexica Specifi	NIC ORIGIN? (Specity Yorn, Puerto Rican, atc.) y:	ee or No— 1	4. RACE — Block, W Specify: Bla	American Indian, hite, atc.
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(CATION o completed) College (1-4 or 5		ECEDENT'S Dive kind of a Do NOT us	USUAL Of work done of retired.)	CCUPATIO	ON st of worki	ng	16b. KINO OF BU	JSINESS/INDU		
	17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Middle, Melder	n Surname)		
		Mill	er					Shei			Fost	er
	190. INFORMANT'S NAME (Type/Print) Shernett But	ler	19						Philda.			19143
	20e. METHOD OF DISPOSITION 1	ovet from State	20b. PLACE cemetery, cre	AND DATE (OF DISPOS	ITION (Na	me of		OATE 20c, LO	OCATION — CI	ty or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Time	ttex	· 90	no		Mar 110	ch I	-/H . No	East orth Ave.			
	23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	se on eech iins	3.						eiratory arrea	it,	Approximata Intsrval Betwee Onset and Deal
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c	OR AS A CONSEC	_								
	PART II. Other aignificent condition	s contributing to	desth but not r	resulting i	n ths un	deriying	Csuse	given in	Part I. 24s. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDING
									PERFO		OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 \(\subseteq \text{NO} \)	HOSPITAL:			OTHER		ACE OF D	EATH (Che	ock only one)			
	27. MANNER OF CEATH	1 Inpetient 2 I			4 🗆 Nurs	Ing Home		sidenca	XOther (Specify)		KING	IOI
	1 Natural 5 Pending 2 Accident Investigation	(Month, De	ly, Year)	286. TIMI 1NJI 04:4	7AM	28c. INJU WOF 1 Y	RK?	NO		ECT SH	OT	
	S Could not be determined				treet, facto		àĐ	H	28t. LOCATION (Street City or Town, State) YATTSVII I	OCATION (Street end Number or Rural Route Number, Ry or Town, State)		
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of ex	my knowledge, de amination end/or i	ath occurre	d at the tir	me, date d	end place,	end due	to the cause(e) end me	nner as stated.		
10									une end preud, ar	~ due to the C	-use(a) elic	marmer se stated.
1	296. SIGNATURE AND TITLE OF CERTIFIER	115					200 1100	NSE NUM	BED	00.0		nth, Day, Year)

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E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	F FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the budal-transit permit. If within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	RTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OR ATTENDING

HOSPITAL

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IMPORTANT:

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH KATHERINE M. MYRICK 07 21 1991 11:27 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH 04-01-39 1 M 2 X 219-26-6264 52 N.C. 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR JOHNS HOPKINS HOSPITAL BALTIMORE BALTIMORE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD BALTIMORE, CITY 1 X YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1324 N. POTAMAC STREET 21213 U.S.A 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2X 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married ff yes, specify Cuban, Mexican, Puerto Rican, atc.)
1 ☐ YES 2 Z.NO Specify: BY 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY College (1-4 or 5+)
Iyr. Elementary/Secondary (0-12) PRIVATE DUTY NURSE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) WILLIE WILSON HATTIE SPRUILL 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) VALERIE LEONARD 1324 N. POTAMAC ST./BALTIMORE, MD. 21213 20a METHOD OF DISPOSITION
1 🖰 Surial 2 🗆 Cremetion 3 🗀 Removal from State
4 🗆 Donation 5 🗀 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Stata BALTIMORE CEMETERY BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH AVE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiretory arrest, Approximate ahock, or heart failure. List only one cause on each line. Interval Batween **IMMEDIATE CAUSE (Final Onset and Death** disease or condition MYPERTHERMIA COMPLICATING ACTERIOSCUERTE CARDIOVASCULAR DISEASE reauiting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 XYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL TES 2 NO OTHER t | Inpatient 2 | XER/Outpatient 3 | DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t X Natural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner se stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED AND DONALD G WRIGHT, DAD DOME 31. DATE FILED (Month, Day, Year) 2 / 1991

29b. SIGNATURE AND TITLE OF CERTIFIER

32. REGISTRAR'S SIGNATURE

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

07/22/1991

BALTIMORE, MARYLAND 21201

29c, LICENSE NUMBER

O.C.M.E.

2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my optnion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

111 PENN STREET

ALM RELIGIONS

3,06 870, 64-9 - 1 101 129

Institute the strenging physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the transfer and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY FUNERAL DIRECTOR

31. DATE FILED (Morith, Day, Year)

Julia Davidson-Handelle

	FOR STATE REGISTRAR	STATE OF MARYLAND / I		T OF HEALTH AND	MENTAL HYGIEN REG. NO		19947	
	1. DECEDENT'S NAME (First, Middle, Last)	. Nichol.	son		2. DATE OF DEATH	AY - 545	3. TIME OF DEATH	
~	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1							
CTO	RESIDENCE OF DECEDENT	TAVE.		PAllimor	e cilla			
DIRECTOR	MAYY/AND 106. COUNTY		10c. CITY, TOWN	Timore	/		10d. INSIDE CITY LIMITED 1 PYES 2 NO	
FUNERAL	1200 WALNU	T Ave.		101. ZIP CODE 2/2	29	10g. CITIZEN	of what country?	
à	11. MARITAL STATUS 12 1	: Was decedent ever in U.S. Arm Forces? 1 ☐ Yes 2 ☑AC IF Yes, give war or dates		. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxico 1 YES 2 NO Specif	an, Puerto Rican, atc.)	e or No— 14.	RACE — American Indian, Black, White, etc. Spedy:	
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elemantary/Secondery (0-12)	16a. DEC (Global) College (1-4 or 5 +)		OCCUPATION of during most of working	16b. KIND OF BU	SINESS/INDUST	RY	
	17. FATHER'S NAME (First, Middle, Last)	: e.lde	77,07		AME (First, Middle, Malden	Surname)	17.	
TO BE	In an Orlman I's NAME (Type/Print)	hulson /	MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Tow	vn, State, Zip 900	nd 21228	
	20e. METHOD OF DISPOSITION 1	I from State 20b. PLACE Of Other place	of DISPOSITION (I	Name of cornetery, cremetory or	be Con &	OCATION - City	or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	2:	NAME AND ADDRESS OF MAN	Vorth A	re.B.	rerp/Home	
	23. PART I. Enfer the diseases, or come shock, or heart fellure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	pplications that caused the deat only one cause on each line.		er the mode of dying, aud	ch aa cerdiac or reap	piratory arrest,	Approximate Interval Between Onset and Death	
ATION	Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS A CONSEO	UENCE OF):			-		
CERTIFICATION	CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS A CONSEO	UENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other algorificent conditions of	contributing to death but not re	eaulting in the t	underlying ceuse given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN		IOSPITAL:	ОТН	26. PLACE OF OEATH (C	heck only one)			
SAHC	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)	DOA 4 N	28c. INJURY AT WORK?	Residence 6 Other (Specify) AT 28d, 0E\$CRIBE HOW INJURY OCCUREO			
ED BY	1 Natural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At horn building, stc. (Specify)	М	1 YES 2 NO	281. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	COMBON ONLY	N: To the best of my knowledge, dea On the basis of exemination and/or in					puse(a) and manner as stated.	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Vas		29c. LICENSE NU		T	GNED (Month, Day, Year)	
9	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITEN	1 27) (Type, Print)	4/03	- (7	

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21203-3146	
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MARYLAND	
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BALTIMORE,	
BAL	

IN THE WE requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

The State Dec. of Health and Mental Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTEN TO THE FOREST TO THE FUNERAL DIRECTOR. TO THE FINE WIDIN 72 hours after details will IMPORTANT. If 16m 26 is managed, or

(ITAL RECORDS, P.O. BOX 13146,

DIVISION

or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	nediomen			DAIL OF	DEAIII	HEG. NO.	_			
į	1. DECEDENT'S NAME (First, Middle, Last)	PICHOTTI	AKP.	Emm	4/	2. DATE OF GEATH	y GAT	3. TIME OF OEATH		
	0.0 / () /0.15-7	SEX 6. AGE (in yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign		
20	98. FACILITY NAME (If not institution, give street BON SICOURS by RESIDENCE OF DECEDENT	and number) 3000 V	treet	Balt	R LOCATION OF DE	Tu	9c. COUNTY OF	DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION	9		10d. INSIDE CITY LIMITS? 1 PYES 2 NO		
FUNERAL	100. STREET AND NUMBER 631 N Bruch	Street		101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?		
DI LON	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		If yes, sp	ENDENT OF HISPAN ocify Cuban, Mexica 2 ND Specify	ilC ORIGIN? (Specify Yes n, Puerto Rican, etc.) /:	Bu	OCE — American Indian, ack, White, etc. ectly: BLACK		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		ECEDENT'S U Give kind of wo to Do NOT use	SUAL OCCUPATION of done during more retired.)	on st of working	16b. KIND OF BU	BINESS/INOUSTRY			
	17. FATHER'S MAME (First, Middle, Last)	Volla	1011		18. MOTHER'S NA	ME (First, Middle, Maiden	Surneme)	7-1		
IO BE	GO (NFORMANT'S NAME (Type/Print)	Pro Vette	96. MAILING	ADDRESS (Street of	nd Number or Rural I	Route Number, City or Tow	n, State, Zip Goods	1 21217		
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remova 4 Donation 5 Other (Specify)	from State 20b. PLAC	place)	TION (Name of cer	netery, sysmatory or	20c. LO	CATION — City or	Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICEN:	I. Punn			O ADDRESS OF FA	cuss Fo	Chal	Home Home		
	23. PART I. Enter the diseasea, or con shock, or heart fellure. Lis IMMEDIATE CAUSE (Final	t Dnly Dne cause on each li	10.					Approximate interval Between Onset and Desth		
	disease or condition resulting in death)	DUE TO (OR AS A CONS	EOUENCE OF	1'm/	MARK	m to	re, t			
AICN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS		:	ser.	12 / 3	balu			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONS	EQUENCE OF)	:	212					
EDICAL C	PART II. Other eignificent conditions of the second	contributing to death but not	resulting in	the underlyin	g cause given in	Part I. 24e. WAS AN PERFORM	IMED?	14b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ	- Ch	e licy n til	-6			_		1 TES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	ACE OF DEATH (Ch	6 C Other (Specify)				
BY PH	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE DF INJURY (Month, Day, Year)	28b. TIME INJU	MY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUREO			
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, st	reet, factory, offic	•	281. LOCATION (Street City or Town, State)	and Number or Run	al Route Number,		
COMPLEIED	and .	N: To the best of my knowledge, On the basis of examination and/						e(a) and manner as stated.		
DE C	29b. SIGNATURE AND TITLE DF CERTIFIER	1	,		29c. LICENSE NUI		29d. DATE SIGN	ED (Month, Day, Year)		
	Holenn by	thong.	km		004	822	> 7/	1/22/91		
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (I	TEM 27) (Type,	Print)						
	31. DATO [ILEO 2004. 01991 Ju	AND PERSONAL SEASON	Re-							

	1 - STATE REGISTRAR	SIALE UT N	CI	ERTIF	ICAT	EOF	DEA	гн Гн	MENIA	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	70-0							2. DATE	OF DEATH			3. TIM	E OF DEATH
	Carrie Polk.								MONT	1/2	7/	YEAR	1	2:30 AH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.		OF BIRTH	//	S. BIRTI	HPLACE	(State or Foreign
	212 32 1578	1 🗆 M 2 💢 F	84	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month	7707		Count	try)	
	9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CIT	Y, TOWN C	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF E	Y OF DEATH	
OR	Mercy Hospital Baltimore													
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Baltimore 10d											104. IN	ISIDE CITY	
DIRECTOR	Md.		B	alt	1.MO1	e				MITS? (ES 2 NO				
	10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WY											WHAT CO	OUNTRY?	
EB	271 Ballou Ct.						21	231			U.S.A.			
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. AF YES 2 12	NO If yes, specify Cuban, Mexican, Puerto										nrican Indien, , etc.	
ED	15. DECEDENT'S EDUC	CATION	16a, D8	CEDENT'S	USUAL	OCCUPATIO	ON .		16b	. KIND OF BU	ISINESS/INI			
ETE	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(G	live kind of Do NOT u	work done	during mo	st of worki	ng						
PL	Elementally (0-12)	College (1-4 or 5	,	Dome	esti	C				H	ome			
COMPLET														
3 BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILIN	G ADDRES	S (Street a	nd Numbe	or Rural I	Route Num	ber, City or You	vn, State, Zi	p Code)	212	12
5	Robert Walters			164	15 E	, NO	ortn	AV	е, і	Balto				
	26e METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remo	oval from State	20b. PLACE of cemetary	, cremator	y or other		(Name		DAT		T + O			te
	4 Donastion 5 Other (Specify) Arbutus 7/26 Balto., Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217													
CERTIFICATION	ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSE	OUENCE (OF):									nterval Between Onset and Death
HTI	that initiated events resulting in death) LAST	d			,.									
MEDICAL	coronary artery disease; peripheral vascular disease; 1 ves 2 M NO										COMPI OF DE	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? /ES 2 \(\) NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (Ch	eck only o	ne)				
YSI	1 TYES 2 NO	1. Nonpatient 2	-	_				esidence	8 🗆 Othe	* * * * * * * * * * * * * * * * * * * *				
	1/27 Netural 5 Pending M 1 YES 2 NO													
TED BY										umber,				
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI One) 2 MEDICAL EXAMINE												(e) end n	nanner ee stated.
	286, SIGNATURE AND TUNE CERTIFIE							ENSE NU						, Day, Year)
BE (1 the	Terra	mo				200. LIC					7/2		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL		EM 27) (Typ	e, Print)						1			
	Thomas. J. Regar	n, Mer	cy Hosp	ital	,	8-11	im o	٠٠,	Mar	yland	<i>J</i> .			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	a Could not be building, etc. (Specify)											
D BY	1 Natural 6 Pending 2 Accident investigation 3 Suicide a Could not be	(Month, i	Month, Dey. Year) INJURY M 1 PLACE OF INJURY — At home, farm, street, factory, off					28f. LOCATIO	28f. LOCATION (Street end Number or Rural Route Number,			te Number,
1YSICI/	EXAMINER? 1 YES 2 NO			_	OTHER: 4 - Nursing	Home 6	Residence	6 Other (Sp	8 Other (Specify)			
	22 MMC CARE STEERING										1	YES 2 NO
DICAL	HIV positive								24a, WAS AN AUTOPSY PERFORMED? 1 ☐ YES 2 ☑ NO		AV CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION DF CAUSE F DEATH?
CERTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):										
CATION	Sequentially list conditione, if any, laading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A CONSEQUENCE OF):										
	resulting in death)	Sepsis Oue to (or as a consequence of):										
	shock, or heart failure. L IMMEDIATE CAUSE (Final	list only one cause on sech line. Interval Between Onset and Death										
	James A. Morton & Sons 1701 Laurens St. Balto., Md. 21217											
	4 Donetion 5 Other (Specify)		978	Tester	n Sta	E ANO AOO	RESS OF FA	CILITY	Ba.	lto.	, Md	
			20b. Pl.	ACE OF DISPO	SITION (Name of	of cemetery, o	Dr.	Marr	20c LO	I.a		072 State
III I	William 190. INFORMANT'S NAME (Type/Print)	Johns	son	19b. MAILING	ADDRESS (St	reet and Num						
COME	17. FATHER'S NAME (First, Middle, Last)			Mal	LI nar			ME (First, Middle				
			(Give kind of a life. Do NOT us		16b. KING			USTRY				
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	r Merried 2 Merried FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES 2					uben, Mexica	n, Puerto Ricen, etc.) Spe			Specify: Blac	
INERA		ARMED	13 WMS			U.S.			A. American Indian.			
100	Md . 100. STREET AND NUMBER	Ва	alto.	10f. ZIP C	ODE					YES 2 NO		
ECT	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO						100	d. INSIDE CITY
R O	Maryland Gener		ital		96. CITY, 101					9c. COUN	ITY OF DEAT	н
	214 30 7004	25	49	YRS.					42			Md.
	4. SOCIAL SECURITY NUMBER	Lan J∈ s. sex					DER 24 HRS.	7. DATE OF BI	RTH		6. BIRTHPLA	1:30am M
AN INTERPRETATION OF THE PROPERTY OF THE PROPE	D BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED	4. SOCIAL SECURITY NUMBER 214 38 7664 9e. FACILITY NAME (If not institution, give size Maryland Gener; RESIDENCE OF DECEDENT 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATE 10e. STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUCY (Specify only highest grade of Elementary/Secondery (0-12) 17. FATHER'S NAME (First, Middle, Last) William 19e. INFORMANT'S NAME (Type/Print) Permell Dubonne 20s. METHOD OF DISPOSITION 7 Burlel 2 Cremetion 3 Remore A Donetton 5 Other (Specify) 21. BURNATURE OF PUMBAL SERVICE LICE Windle CAUSE (Finel disease or conditions resulting in death) Sequentially list conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions HIV POS 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Never Married 2 Married 3 Married	VIVIAN Jet 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 214 38 7664 90. FACILITY NAME (if not institution, give street end number) Maryland General Hospit Maryland General Hospit RESIDENCE OF DECEDENT 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 100. STATE 11. MARITAL STATUS 11. MARITAL STATUS 11. Marital STATUS 11. Marital STATUS 12. Was Deceder FORCES? 16 FYES, GIVE 17. FATHER'S NAME (First, Mickile, Last) William	Vivian Jennett 4. SOCIAL SECURITY NUMBER 214 38 7664 9. FACILITY NAME (If not institution, give street and number) Maryland General Hospital RESIDENCE OF DECEDENT 100. STATE 100. STAT	VIVIAN Jennette 4. SOCIAL SECURITY NUMBER 214 38 7664 99. FACILITY NAME (if not institution, plvs street and number) Maryland General Hospital RESIDENCE OF DECEDENT 100. STATE 100. ST	VIVIAN Jennette Pete: 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) SECURITY IN SECURITY SECURITY SET SECURITY NUMBER 214 38 7664 1	Vivian Jennette Peters	VIVIAI Jennette Peters 4. SOCIAL SECURITY NUMBER 2.14 38 7664 1	Vivian Jennette Peters Vivian Jennette Peters 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Vivian Jennette Peters Moore July 10 10 10 10 10 10 10 10	Vivian Jennette Peters July 19, 199 199	Vivian Jennette Peters

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Jirecto		T mu
: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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T This	h with	n 28 is marked, or iten
Afte	deat	ES
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TO THE PURE ALL DIESCHURE AM	be filed within 2 mer death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If item
á	20	100
5	N N	MAL
H	filed	P0
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ISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE PURPORTED THE PURPORT OF THE

	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND A	DEPAR	RTMENT OF I	HEALTH	AND I	MENT	AL HYGIEN		•	,,,,,,
	t. DECEDENT'S NAME (First, Middle, Last)								E OF DEATH			3. TIME OF DEATN
- 3	ARTHUR 4. SOCIAL SECURITY NUMBER	В.			OBERTS	III		07	2	Ö	9.I.	5;65 A M
	214-06-7843	S. SEX	6. AGE (In yrs. Ia:	si birthday) YRS.	MONTHS DAYS	HOURS	MIN.	(Mor	E OF BIRTH	106	Count	
	9a. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TOWN	OR LOCATI	ON OF DI	Бер	L. 20	, 196		Maryland
DIRECTOR	NORTH ARUNDEL H	OSPITAL			GIEN B					ANNE		
IRE	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCA	TION						10d, INSIDE CITY
	Maryland Anne	Arunde1			Pasa							1 YES 2 X NO
FUNERAL	8335 Sail Cou	rt			10	f. ZIP COD		122				MHAT COUNTRY?
84	11. MARITAL STATUS 1X_XNever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WA	YES 2 V	RMED NO	If yea, sp	CENCENT Coocify Cube	n, Mexica	n, Puerto	IN? (Specify Ye Rican, etc.)	e or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. W/Y: White
回	t5. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE	CEDENT'S	USUAL OCCUPATI	ON of working		16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	les	JSE OF WORKE	vy				Se	afood
NO.	17. FATNER'S NAME (First, Middle, Last)					te. MOTI	HER'S NA	ME (First,	Middle, Maiden	Surname)		arood
BE	Arthur	В	•	Ro	berts,				ith 3		011	lins
0	190. INFORMANT'S NAME (Type/Print) Arthur B. Rober	ata Tm	19	b. MAILING	ADDRESS (Street a	and Number	or Rural F	Route Nun	nber, City or Tow	n, State, Zip	Code)	
					Sail (t	-	adena		_	21122
	20. METNOO OF DISPOSITION 1X Pouriel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	compton or		OF DISPOSITION (National Property of the Prope		1 D1		7E 20c. LO			
	21. SIGNATURE OF FUNERAL SERVICE LIC				22. NAME A	NO ADDRES	S OF FA	CILITY				rnie, Md.
	· Stanley m.	1. Low	mer		3204	Mou	ntai	in F	Rd. Pa	sade	na.	sadena Md.21122
	23. PART I. Enter the diseases, or c shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ACUTE A	on each line	INS	UFFICIEN		ng, aucl	h ss cer	disc or respi	ratory erre	eet,	Approximeta Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (O	R AS A CONSEC	DUENCE OF	ን :							
RTIFIC	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	OUE TO (O	R AS A CONSEC	DUENCE OF	7):							
	DATE II Observed and											
PHYSICIAN: MEDICAL	PART II. Other significent conditions DIABETES MELLIT		eeth but not n	esulting i	n the underlying	g ceuse g	iven in i	Part 1.	24a. WAS AN PERFOR	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M								_				1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL				26 Pt	ACE OF DE	ATH (Ch-	ak anti a				
SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:							
PH	27. MANNER OF OEATN	28a. OATE OF IN (Month, Day,	JURY	26b. TIME	OF 28c, INJ		-venea (FCRIBE NOW IF	UNITY OCCU	JREO	
BY	1 Natural 2 Accident Aeroding				M 1 1	/ES 2	NO					
	3 Suicide 6 Could not be detarmined	26s. PLACE OF II building, atd	NJURY — At hor :. (Specify)	me, farm, a	freet, factory, office			26I. LOC City	ATION (Street a or Town, State)	nd Number o	r Rural A	loute Number,
COMPLETED	29a. CERTIFIER (Check only one)	IAN: To the best of my	knowledge, des	nth occurre	d at the time, data	and place,	and due t	to the car	use(a) and man	ner sa atate	d.	
	MEDICAL EXAMINER	On the basis of exem	nination and/or is	nveatigation	n, in my opinion, d	eath occure	ed at the t	lime, date	and place, and	d due to the	cause(a)) and manner as stated.
BE	296. SIGNATURE AND TUTE OF CENTIFIER	Iff u	-			29c. LICE						(Month, Day, Year)
유	SO HAME AND MODER'S OF FERSON WHO	COMPLETED CAUSE	OF OEATN (ITEM	1 27) (Type.	Print)	0.0	M.E	•		07	/21	/91
	261()	7, -			NN STREE	T. RAI	ттм	ORE	MARYTIA	ND 21	201	
	ST. DATE FILES (MORTH, DRK HIN)	A. REGISTRAR'S	SIGNATURE	1.00		- / 14 11	4417	J. 41,	THUL	112 4.1	20,1	

BALTIMORE, MARYLAND 21215-0020

TO THE MOS FORCE WITH DING PHYSICIAN. The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNE WELLOW After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

IGION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR 1. DECEDENT'S NAME (FIRS	st, Middle, Last)	Tal i	MARYLAND C liam	ERIII	ICAI	E OF	DEA	TH	2 0/	REG. NO	9	4-	19952
STEPHEN		ÅΛΤΤ	TTam	R	OADC	AP					AY 1	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR		R 24 HRS.		ATE OF BIRTH		991 8. BIRTH	17:53 P PLACE (State or Foreign
212-02-4		1 🔀 M 2 🗆 F	2	1 YRS.	MONTHS	DAYS	HOURS	Mine.		forth, Day, Year) 1-06-196	9	Country	Md.
9e. FACILITY NAME (If not i					9b. CIT			ION OF DE		<u> </u>	_	INTY OF DE	ATH
HARBOR HOS RESIDENCE OF DE 10e. STATE Va.		CENTER	NTER BALTIMORE (CII	Y	Ba	1tim	ore City	
10a. STATE	10b. COUNTY	Y		10c. CI	ry, Town	OR LOCAL	TION				_		10d. INSIDE CITY
Va.	N/2	A			oyce		ę						LIMITS?
10e. STREET AND NUMBER	7					101	. ZIP COD	Œ			10g. CIT	IZEN DF W	HAT COUNTRY?
Route 1	Bo:	x 34A					226	20				U.S.	Α.
10e. STREET AND NUMBER ROUTE 1 11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN	T EVER IN U.S.	RMED	13,	WAS DEC	ENDENT	OF HISPAN	IIC ORI	IGIN? (Specify Ye		14 BACE	- American indian, White, etc.
3 Widowed 4 Div			MAR OR DATES			1 Yes, sp	2 XNO	Specify	n, Puer /:	rto Rican, etc.)		Specif	y:
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(Specify on Elementary/Secondary (nly highest grade	completed) College (1-4 or 5		fGive kind of the. Do NOT u	work done se retired.)	during mo	JN ist of worki	ing	- 1	16b. KIND OF BU	SINESS/IN(DUSTRY	
10th g		College (1-4 or 5		arpe	nte	r				Smalle	y P	ack.	Co.
15. DE (Specify on Elementary/Secondary (10th g) 17. FATHER'S NAME (First, A						_	18. MOT	HER'S NAI	ME (Firs	st, Middle, Meiden	Sumame)		
Elverton		hen Roa	dcap							Piero			
19a. INFORMANT'S NAME (19b. MAILING	ADDRES	S (Street e	nd Numbe	or Rural R	Poute N	lumber, City or Tow	n, State, Zip	p Code)	
Grace V.	Road	cap		Rou	te :	1 Bo	0x 3	4A;	Вс	yce, V	la.	2262	.0
20e. METHOD OF DISPOSIT	TION on 3 V Rem	oval from State	20b. PLACI	E AND DATE	OF DISPOS	SITION (Na	me of		D	ATE 20c. LO	CATION —	City or Tov	vn, State
4 Donetion 5 DOther	(Specify)		Jone	s Fu	nera								r, Va.
21. SIGNATURE OF FUNERU	AL SERVICE LIC	ENSEE											
1 & James	>-t.	Derelan	R.	h.	22.	NAME AN	O ADDRE	SS OF FAC	CILITY	McCu.	lly	Fune	ral Home
	fiseases, or c	ackman	t caused the c	death. Do i	1:	30 I	E. F	ort	Av	renue;	Ba1	to.,	Md. 212
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, OR ATTENDED PHYSIAN: The law requires that the death certificate be executed within 24 Mo

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TAIN: The law requires that the death certificate be executed within 24 Nours after death. Page 6 may be retained by the hospital or attending physician.	a calificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 si	or removal.	and or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
uires that the death certificate be executed within 24	signed by the attending physician and completely fille	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ows any injury, or other traumatic event, the
PITAL OR ATTENDING PHYSICIAN: The law req	HAL DIRECTOR AND THE CONTRICATE has been	n 72 hours after dealers of the State Dept. of	It illem 28 te marked, or item 23 she
TO THE HOS	TO THE FUNE	be filed within	IMPORTAN

			91	19953
FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART CERTIFI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. OECEDENT'S NAME (First, Middle, Last) David E	Robbin.	S	2. DATE OF OEATH MONTH DAY	YEAR 91 8:35 A
4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. last birthday)	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month) Day, Year)	B. BIRTHPLACE (State or Foreign Country)
98. FACILITY NAME (If not institution, give street AR BOR RESIDENCE OF DECEDENT	tospital Center	96. CITY, TOWN OR LOCATION OF D	EATH 9c, COI	UNITY OF GEATH
10a. STATE 10b. COUNTY	imore City 10c. CITY	Baltimesne		10d. INSIDE CITY
100. STREET AND NUMBER 6212 HOLAB	IRD AVE apt	B 2120	/	TIZEN OF WHAT COUNTRY?
	22. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 MO IF YES, GIVE WAR OR DATES		NIC ORIGIN? (Specify Yes or No-	14. RACE — American Indian, Black, White, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade co	(Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of working or refred.) 9 TION DEPT.	166. KIND OF BUSINESS/IN	
17. FATHER'S NAME (First, Middle, Lest) JESSIE RO		16. MOTHER'S N	AME (First, Middle, Maiden Surname)	7.2
198. INFORMANT'S NAME (Type/Print) KATHERINE ROL	19b. MAILING	ADDRESS (Street and Number or Rural LHOLABIRD)		Ro Code) 21224
20s. METHOD OF DISPOSITION 1 Burisi 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)	al from State 20b. PLACE AND DATE of complary, crematory	or DISPOSITION (Name or other place) MOVNT CEM	DATE 20c. LOCATION -	- City or Town, State TIMORE MD
21. SIGNATURE OF FUNERAL SERVICE LICEN	Selenski	22. NAME AND ADDRESS OF FI	ERN AVE BI	EILER, INC
23. PART I. Enter the diseases, or co- angels, or heart feilure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	mplicatione thet caused the death. Do not st only one cause on each line. He pataucu	. Gra		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	htworker	sie Ascil	is in
PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	contributing to death but not resulting i	n the underlying couse given in	Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSTAL:	26. PLACE OF DEATH (C	heck only one)	
1 Pes 2 PNO 27. MANNER OF DEATH 1 Netural 5 Pending	Inpatient 2 ER/Outpatient 3 DOA 28e, DATE OF INJURY 28b, TIMI	4 Nursing Home 5 Residence	8 Other (Specify) 28d. DESCRIBE HOW INJURY O	CCURED
2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Numb City or Town, State)	per or Rural Route Number,
one)	AN: To the best of my knowledge, death occurre On the basis of examination and/or investigation			
29b. SIGNATURE AND TUTLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	The Priors	MiD. Hold	29d. D.	Te Signed (Month, Day, Year) $7-22-/99$

32. REGISTRAN'S SIGNATURE
Sishia Davidson-Randalle

31 DATE FILED (Month, Day, Year)

31. DATE FILED (Month, Day, Year)

24

1991

	FOR 1 - STATE	STATE OF MARYLAND				0.	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	1	Q. /	OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	9 J	S TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last	DINTHON IF UNDER	S'OVU	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign
	4/1000	10 M 2 BF 80	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	1 1	Bryland
H	90. FACILITY NAME (II 16) Institution, give stre	AUE. Apt 21	2 B. CITY	TOWN OR LOCATION OF DE	eath City	Bc. COUNTY OF	DEATH /
DIRECTOR	RESIDENCE OF DECEDENT		10c. CITY, TOWN (OR LOCATION			10d. INSIDE CITY
	maryland		BAI	limore	,		LIMITS?
FUNERAL	100 STREET AND NUMBER	Ivania A	re. Apt	2/20		10g. CITIZEN OF	S / H
FUN		12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2	10	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico	in, Puerto Ricen, etc.)	or No — 14. RA Bit	ACE — American Indian, ack, White, atc.
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specif		Sp	3/ACK
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (Gi	CEDENT'S USUAL Of the kind of work done to NOT use retired.)	CCUPATION during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	,
MPL	N/A	N/A /	tome	makel			
E CO	17. FATHER'S NAME (First, Middle, Last)	llins		18. MOTHER'S NA	ME (First, Middle Melden S	umame)	
TO BI	19e. INFORMANT'S, NAME (Type/Print)	17	MAILING ADDRES	S (Street end Number or Rural	Route Number, City or Town,	Sign, Zip Code)	2.116
	20e. METHOD OF DISPOSITION	ALOWAY S		CECH DE	20c. LOC	ATION — City or	Town, State
	1 P Buriel 2 Cremellon 3 Remon 4 Donation 8 Other (Specify)	- Poer	ne Ze	- Church	Cem. IJ	ms	ulle md
	21. SIGNATURE OF FUNERAL SERVICE LICE	Pura A.	J	NAME AND ADDRESS OF FA	oth his R	nHom	101ne
	23. PART I. Enter the diseases, or co	omplications that caused the da let only one cause on each line	ath. Do not antai	the mode of dying, suc	ch as cardiac or respire	atory errest,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition	America de	umor	218			Onset and Death
	resulting in death)	DUE TO (OR AS A CONSEC	DUENCE OF):		m		
NO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEC	A T				
ICAT	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEC	ronce	0687111	tice Pull	nenes	Johners
ERTIFICATION	that initiated events resulting in death) LAST	Carolio	1	onery	grest	^	
O	PART II. Other significant conditions	contributing to death but not r	eaulting in the u	nderlying cause given in			24b. WERE AUTOPSY FINDINGS
DIC					PERFORM 1 TYES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z. ME					-		1 YES 2 NO
ICIAI		HOSPITAL:	OTHE				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c, INJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED)
BY	1 Natural 5 Pending 2 Accident Investigation	28e. PLACE OF INJURY — At ho	М	1 YES 2 NO	281. LOCATION (Street or	ad Number or Rus	ref Enude Mumber
TED	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)		North Cities	City or Town, State)	no nomber of rec	er code Harriser,
COMPLETE	cool city	SIAN: To the best of my knowledge, de					
	29b. SIGNATURE AND TITLE OF PERTIFIER	R: On the basis of examination end/or	vestigation, in my	29c. LICENSE NU			IED (Month, Day, Year)
TO BE	CTV ADDRESS OF DEPARTMENT	Affending COMPRESED CALLED	3 Phys	5141030	115	1	23 91

Afterding Physics

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

Ohio Repellat.

Whia Davidson

32. REGISTRAR'S SIGNATURE

Hers

DHMH-18 Rev 1/89

TO THE HOSPITAL PRECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL PAREGROR: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DARGEROR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be distached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F	MARYLAND	/ DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICATE	0	F DEAT	ГН		REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, M	Robinson			2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH PM. 5:70 M
4. SOCIAL SECURITY NUMBER 5//- 05-39 9a. FACILITY NAME (If not Instit	5. SEX 8. AGE 1 M 2 F F Ution, give street and number)	(In yrs. last birthday) YRS. 9b. C		7. DATE OF BIRTN (Month, Day, Year) 5-/3-/3 EATN 9c.	a. BIRTNPLACE (State or Foreign Country) Wash COUNTY OF DEATH
RESIDENCE OF DECE	DENT HOSPIT	10c. CITY, TOW	N OR LOCATION	100	10d. INSIDE CITY LIMITS? 1 ⊠ YES 2 □ NO
10e. STREET AND NUMBER	Carey St		101. ZIP CODE 2/2/	7	CITIZEN OF WHAT COUNTRY?
3 Widowed 4 Divorc	I IF YES, GIVE WAR OR D	2 NO	13. WAS DECENOENT OF NISPA If yee, specify Cuban, Maxic 1 YES 2 NO Speci	an, Puarto Rican, etc.)	o- 14. RACE - American Indian, Black, White, etc. Specify: Black
	ENT'S EDUCATION Ighest grade completed) 2) College (1-4 or 5+)	16a. DECEDENT'S USUAI (Give kind of work do life. Do NOT use retire	ne during most of working	16b. KIND OF BUSINES	S/INDUSTRY
William 1	Robinson		Marth	AME (First, Middle, Maiden Surna a Harcock	
20a. METHOD OF DISPOSITIO	F. Robinson	828 b. PLACE AND DATE OF O	ESS (Street and Number or Rural Carely ISPOSITION (Name	St Bah	N — City or Town, Stata
1 Burial 2 Cremation 4 Donation 5 Other (S	pecify)	4	22 NAME AND ADDRESS OF F	7-269 Wich	ita Kansas
	· Cardio		arrest	ch as cardiac or respirator	ry arrest, Approximata Interval Between Onset and Death
Sequentially list condition if any, leading to immediceuse. Enter UNDERLYIN CAUSE (Disease or Injury that initiated events resulting in death) LAST	G a multi	A CONSEQUENCE OF): A CONSEQUENCE OF):	dement	ià	1 welk years
PART II. Other significan	conditions contributing to death	out not resulting in the	underlying cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 - YES 2 G.J	? AMILABLE PRIOR TO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO 27. MANNER OP DEATH	MEDICAL HOSPITAL: 1 Inpetient 2 ER/Out		26. PLACE OF OEATH (C		
2 Accident	vestigation 28e, PLACE OF INJUR	26b, TIME OF INJURY IV — At home, farm, street,	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJUR 281. LOCATION (Street and N	IV OCCURED Jumber or Rural Route Number,
4 Nomicide de	building, etc. (Spetarmined VING PNYSICIAN: To the best of my known	odly)		City or Town, State)	
29b. SIGNATURE AND TITLE O	AL EXAMINER: On the basis of examination			e time, deta and place, and du	
10 0.000	PERSON WHO COMPLETED CAUSE OF O	EATH (ITEM 27) (Type, Print)	NA literaile	Dont. U	47-22-91.
31. DATE FILED (Morry Day W	1991 Julia Davidson	NATURE A AGAIN	יש אונטוט ער	ing. The	

1 - FOR STATE REGISTRAR

	4. SOCIAL SECURITY NUMBER 217 76 8568		(In yrs. lest birthday)	F UNDER 1 YEAR IF UNDER HOURS		E OF BIFTTH ith, Day, Year)	e. BIRTHPLACE (State or Foreign Country) Maryland
ron	9a. FACILITY NAME (If not inetitution, give	1	96	Baltimore		12-1956 9c. COUN	THAT Y TAME
DIRECTOR	10e. STATE 10b. COUNT MD na	γ		own or Location			10d. INSIDE CITY LIMITS? 1 MYES 2 MO
FRAL	100. STREET AND NUMBER 31 Alsab Cour	t		101. ZIP COD	21207	10g. CITE	ZEN OF WHAT COUNTRY? USA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	3 2 NO	13. WAS DECENDENT O	n, Mexican, Puerto	iN7 (Specify Yee or No— Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during most of working	ng 16	bb. KIND OF BUSINESS/IND	DUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Lest) Clarence Ra	vilious				, Middle, Malden Sumame)	
5	190. INFORMANT'S NAME (Type/Print) Clarence Ravili	ous Father				ckville, MD	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)		0b. PLACE AND DATE O		DA	TE 20c, LOCATION —	City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LUMBER	1	ade, Dir 7/23/91	22. NAME AND ADDRE		State Anat St, Balto.,	_
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in desth)	a. Due To (gra As	ach line.			Turne or respiratory and	Approximate Interval Betw Onset and D
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thitlated events resulting in death) LAST	c	A CONSEQUENCE OF):	Syndre			
	PART II. Other algnificant condition	ns contributing to death	but not resulting in	tha underlying cause	given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDS
MEDICAL	Psychiatri	e desor	les			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL			04 PL 400 OF 6	FATH CLASS		1
PHYSICIAN	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	esidence 6 🗆 Oti		
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF INJUR (Month, Day, Year	28b. TIME (EŞCRIBE HOW INJURY OC	CURED
ETED !	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S)	RY — At home, ferm, stre	et, factory, office		CATION (Street end Number ty or Town, State)	or Rural Route Number,
PLE	anal —	SICIAN: To the best of my known in the basic of examinat					ted. ne ceuse(e) end manner as atate
Ö	AND ALCOHOTHOS AND TITLE OF ACCOUNTS	ER	0	-	ENSE NUMBER	29d. DAT	E SIGNED (Month, Day, Year)
BE COMPL	29b. SIGNATURE AND TUTLE OF CERTIFIE	1 1		111 '3			7/-/
	30. NAME AND ADDRESS OF PERSON W	_	DEATH (ITEM 27) (Type, P)		9297		7/20/91

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 s or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1, DECEDENT'S NAME (F)AY	YEAR	3. TIME OF DEATH
	Paul	Joseph		mith					7/ 20/	1991		3 00 N M
4. SOCIAL SECURITY NU 221-12-81		5. SEX 1 M 2 F	6. AGE (In yrs. Ia	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 5/7/18	95	Gern	
9e. FACILITY NAME (If no		street and number)	30		9b. CITY,	TOWN	OR LOCATI	ON OF DE			NTY OF DE	
3923 An		s RD.			Ba	lti	more	High	nlands		Balt	imore
10e. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCA	TION				1	IOd. INSIDE CITY
Maryland		Baltimo	ore	Bal	timo	-	_		ore Highla	_		LIMITS?
10e. STREET AND NUMB		napolis	D.A			10	1. ZIP COD			10g. CIT		IAT COUNTRY?
	JZJ AI	-						. 227			USA	
11. MARITAL STATUS 1 Never Married 2) 3 Wildowed 4 0		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X		1	if yes, sp		n, Mexica	NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) y:	e or No—	14. RACE - Black, Specify	- American Indian, White, etc. White
	ECEDENT'S EDU		16a. Di	ECEDENT'S	USUAL O	CCUPATI	ON net of world	na	16b, KIND OF B	JSINESS/INC	USTRY	
Elementary/Secondary		College (1-4 or 5	+)	Sive kind of a B. Do NOT us								
12th 0	Grade		R	etire	ed Me	cha	nic		Cantee	n Co.		
17. FATHER'S NAME (First	, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Meide	n Sumame)		
Unknov	vn						1	lary	J	400		
19a. INFORMANT'S NAMI	E (Type/Print)		11	D. MAILING	ADDRESS	(Street	and Numbe	r or Rural	Route Number, City or To	wn, State, Zip	Code)	
Mrs. Ida	May Sm	ith		3923	3 Ann	apo	lis F	₹d.,	Baltimore	, Mar	ryland	d 21227
20a. METHOD OF DISPO	atton 3 🗆 Ren	noval from State	20b. PLACI	y, crematory	or other p	OSITION	(Name	l Di	DATE 20c. L	ocation —	City or Tow	n, State
21, SIGNATURE OF FUNE		CENSEE	- I Mea	dowr	dge	MAME A	ND ADDRE	SS OF FA	AN PPV	-		
* KE	2	12	Kevin E	• ECH	(er-				Balto uneral H			Ave.
Sequentisity list con if any, leading to imcause. Enter UNDER CAUSE (Disease or I that initiated events resulting in death) L	mediete LYING njury	b	O (OR AS A CONSE	EGUENCE O	F):	<u></u>			Okano			
-	-	d										1
PART II. Other algorit	Mire	na contributing to	death but not	reaulting	In the ur	nderlylr	ng cause	given in	Part I. 24e. WAS A PERFO	IN AUTOPSY ORMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRE EXAMINER? 12 YES 2 NO	D TO MEDICAL	HOSPITAL:	□ 5010 and 1		OTHE	R:			heck only one)			
27. MANNER OF DEATN		1 Inpatient 2	F INJURY	28b. TIR	AE OF	28c. IN	JURY AT	esidence	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OC	CURED	
1 Netural 5 2 Accident	Pending Investigation		Day, Year)		JURY M	1 🗆		□ NO				
3 Suicide 6	Could not be determined	building	OF INJURY — At h , etc. (Specify)	iome, tarm,	street, rac	tory, on	ca		28f. LOCATION (Stree City or Town, Sta	r and Numbe	r or Hural Ho	oute Number,
CONSUR OTHY									a to the cause(a) and m a time, data and place,			and manner as stated.
29b. SIGNATURE AND TI	TI - OF OFFITIE						29c. LIC	ENSE NU	MBFR	T		
Mary 70.	elonx(M Delet	ymodic	DEA	mine		D	010	1.	29d. DA		(Month, Day, Year) 7 21,1991
30. NAME AND ADDRESS	Ellon V	n Delot				Cha		010	1.	•	July	

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last Barbara J		ıd			2. DATE OF DEA	1-1991	3. TIME OF DEATH
-	4. SOCIAL SECURITY NUMBER 219-12-9383-A	5. SEX 6.	AGE (In yrs. lest birthda	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT	r H	BIRTHPLACE (State or Foreign Maryland
FOR	90. FACILITY NAME (If not institution, give 209 South Washi		et		or LOCATION OF D	EATH	9c. COUN	TY OF DEATH
DIRECTOR	100. STATE 10b. COUN Maryland	τγ		altimore				10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
FUNERAL	100. STREET AND NUMBER 209 South Washir	gton Stree	t	1	01. ZIP CODE 21231			en of what country? ced States
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexico S 2 X NO Speci	an, Puerto Rican, e		44. RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. OECEDENT'S ET (Specify only highest gra Elementary/Secondary (0-12)		(Give kind life. Do NO	of work done during no use retired.)	ION lost of working	2000000	of Business/INDU	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) Joseph E. Siegmu	ınd, Sr.				Schoff	Meiden Surname)	
TO B	Joseph E. Siegmu	ınd, Jr.			and Number or Rural ngton St:	reet B	Baltimore	e, MD 21231
	29a, METHOD OF DISPOSITION 1 Spuriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	moval from State	206. PLACE AND D MOST HOL	ATE OF DISPOSITIO	r Cem. 7	DATE 2	Baltimo	ity or Town, State
	21, SIGNATURE OF FUNERAL SERVICE		inspe	22. NAME	& Zeile: Eastern	ACILITY		
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	b. DUE TO (O	R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE	INOMR	LEFT	BREA	lsT_	
MEDICAL	PART II. Other significant conditi	ons contributing to d	eeth but not resuiti	ng in the undarlyi	ng cause given ir	P	MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
IY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF IN (Month, Day,	ER/Outpetient 3 DO AJURY 286.	TIME OF 28c. II	ome 5 Pasidence NJURY AT VORK? YES 2 NO		HOW INJURY OCC	URED
1	3 Suicide 6 Could not b	28e. PLACE OF building, et	INJURY — At home, far c. (Specify)	m, street, fectory, of	lice	28f. LOCATION City or Town	(Street and Number s, State)	or Rural Route Number,
COMPLE	(Orack only	YSICIAN: To the best of m						od. • cause(e) end manner ee stat
BE	206. SIGNATURE AND TITLE OF CERTIF	IER	15		29¢ LICENSE NU	JMBER 865	29d. OATE	SIGNEO (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON	NHO COMPLETED CAUSE			BLOADL	SAY BI	ALTIMO	RE HIVIY
1							200-11/2	15 119 110

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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8	IRE	SIN	-
AL OR AITENDING PHYSICIAN: The law requires that the death certhicate be executed within a cours after death. Page to may be retained by the hospital of	at. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	if hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
403	- 22	24	- 35

	FOR STATE REGISTRAR	OF MARYLAND / DE		F HEALTH AND ME	ENTAL HYGIENE	51	13333
	1. DECEDENT'S NAME (First, Middle, Last) Cynthia L. Shn	ider			DATE OF DEATH MONTH DAY	70 t	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 196-32-04 14 90. FACILITY NAME (If not institution, give street and nu		RS. MONTHS D	EAR IF UNDER 24 HRS. 7 NYS HOURS MIN.	DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) ennsylvania of Death
TOR	Shady Grove Advent		_	Kuille			tgomery
DIRECTOR	10a. STATE 10b. COUNTY MD Monto		CITY, TOWN OR L	OCATION Kuille			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER	Terrace.		101. ZIP CODE	5		OF WHAT COUNTRY?
BY FUNERAL	ti. MARITAL STATUS 12. WAS to	DECEDENT EVER IN U.S. ARMED ES? 1 YES 2 SNO S, GIVE WAR OR DATES	II ye	B DECENDENT OF HISPANIC a, specify Cuben, Mexicen, 1 YES 2 NO Specify:	ORIGIN? (Specify Yee	or No- 14.	RACE — American Indian, Black, White, etc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kir	NT'S USUAL OCCU d of work done durin		16b. KIND OF BUS	INESS/INDUST	
COMPLETED	12	(1-4 or 8+)	ecreta	-			ucation
BE CO	17. FATHER'S NAME (First, Middle, Lest) Samuel. Leavitt			Reba		1112-211	
10	19a. INFORMANT'S NAME (Type/Print) Irving Shnider	19b_MA	BI MIT	reet and Number or Rural Rou Lcrest Ter 20855	te Number, City or Town	, State, Zip Coo	te)
	20a. METHOD OF DISPOSITION 1 1 Surial 2 Cremation 3 Ramoval from 4 Donation 8 Other (Specify)	20b. PLACE OF D other place)	SPOSITION (Name	of cometery, cremetory or ial Garden		ation - chy	or Town, State
	21. BIGNATURE OF FUNERAL SERVICE LICENSEE	Parker	22. NAI		rry	rson	Funeral Home
	23. PART I. Enter the diseases, or complicate ahock, or heart failure. List only IMMEDIATE CAUSE (Final disease or condition resulting in death)	one cause on each line.	ancel				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUEN					
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions contrib	uting to death but not resul	ting in the unde	rlying cause given in Pa	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check	k only one)		
HASIG	1 UES 2 NO	tient 2 ER/Outpetient 3 C		Home 8 Residence 8	Other (Specify)	FILIBA OCCITA	ED
BY PI	t Netural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK?			
	3 Buicide 8 Could not be 4 Homicide determined	PLACE OF INJURY — At home, to building, etc. (Specify)	arm, atreet, factory	, office	28t. LOCATION (Street a City or Town, State)	nd Number or i	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To ti	na beat of my knowledge, death o					euse(e) end menner es stated.
BE	29b. SIGNATURE AND TYLE OF CERTIFIER	mlh.	mp	29c. LICENSE NUMB	TC TER	29d. DATE B	IONED (Month, Day, Year)
10	30. NAME AND APORESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27)	(Type, Print)	nice Ph	allo O	1.0	ON CHILL
	31. DATE FILED (Month, Day, Year) 32.	REGISTRAR'S SIGNATURE					, , , , , ,
	JUL 24 1931 JA	and the state of t					DHMH-18 Rev 1/89

6.

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physician.	id by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm		
r attending	use as the		
that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	letached for		-
9	d be d		44.6
retained	9 shoul		- other
nay be	page :		of har
20e 6 r	directo		
death. F	funeral		minmen!
affer	by the	mova	Hank
24 frours	filled in	h and Mental Hygiene prior to burial, cremation, or removal.	and the first on a first on the second of the second last accompany to the second and and an accompanies
within	mpletely	. cremat	- dennes
executed	and co	o burial	a alda
sate be	hysician	prior 1	on beauties
h certific	d Bulpua	Hyglen	an abbe
e deat	he atte	Menta	
hat th	1 by t	and	100
-	2	-	100

BALTIMORE, MARYLAND 21215-0020

IVISION OF VITAL RECORDS, P.O. BOX 68760,

PHYSICIAN: The law requires

2

31. DATE FILED (Month, Day, Year)

4

1991

TO THE HOSPITAL. CATEMBRIAN THE LAW requires that the death certificate be executed within 24 mours after 64th. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 man, and the filed within 72 man, and the filed within 72 man, and the filed within 72 man, and the filed within 14 man, and the filed within the state Dept. of Health and Mental Hydere prior to burial, cremation, or removal. IMPORTANT: If then 26 is manned, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIREC	10a. 5 M: 10a. 5
TO THE FUNERAL INFECTION may be an incommonent by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, be filled within 72 names of the common that is and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If lies 28 is marked or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Seq If ar caucatures. PAR 25. V 27. N 1 2 3 4 29a.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1 3. TIME OF DEATH Joseph Thomas Starr 1991 18 7:30 A 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH 6. AGE (In vrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS New Jersey 063-28-3735 1 X M 2 | F 03/09/1937 54 YRS 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH 205 E. Timonium Rd. Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN DR LOCATION aryland Baltimore Baltimore County 1 - YES 2 NO TREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 21093 05 E. Timonium Road United States ARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES THE YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yes, specify Cuben, Maxican, Puerto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Never Married 2 😡 Married wed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl United States government ementary/Secondary (0-12) College (1-4 or 6+) Investigator & Secret Service THER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HARRY JAMES STARR MARION PHILLIPS arry James Starr Marian Phillips NFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ary Mattes Starr 205 E. Timonium Road. Balto..MD 21093 20c. LOCATION — City or Town, State METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE Buriel 2 Cremation 3 Ra Sacred Heart of Jesus 7/22/91 Baltimore, Maryland GNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Elezabeth Lilly & Zeiler, Inc. Funeral Homes PART I. Enty the diseases, or complications that caused that deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, 700 S Approximate shock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** EDIATE CAUSE (Finel ase or condition 4574 iting in death) DUE TO (OR AS A CONSEDUENCE O uentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): ny, leading to immediate se. Enter UNDERLYING ISE (Disesse or injury DUE TO (DR AS A CONSEQUENCE OF): initisted events liting in deeth) LAST IT ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO IAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: YES 2 NO ig Home 6 - Residence 6 - Other (Specify) 4 I Nun ANNER OF DEATH 26e. DATE DF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED Natural 6 Pending Investign 1 YES 2 NO Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) Suicide 6 Could not be Homicide CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, de HAVE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1	-	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTI	FICAL	E O	- DEA	FH	В	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF	DAY		YEAR	TIME OF DEATH
SALLY SPENCER S							JULY		199		4:05 p
4. SOCIAL SECURITY NUMBER		NGE (In yrs. lest birthde	MONTH	DER 1 YEAR	-	24 HRS. MIN.	7. DATE OF E (Morith, De DEC 2	BIRTH ly, Year)	,,	Country)	ACE (State or Foreign
241-72-1842		47 YRS						8, 19			n Carolina
9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH				9c. COUNTY OF DEATH			
NIH, THE CLINIC	CAL CENTER]	BETHESDA, MARYLAND MONTG					TGOM	ERY	
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	rv	100 (CITY, TOW	N OR LOC	ATION				· · · · ·	1 4	od, INSIDE CITY
VIRGINIA	N/A	1	AMPT(LIMITS?
10e. STREET AND NUMBER	11/12	111	ZHIL IV		10f. ZIP COD	e			10a CITIZ		AT COUNTRY?
404 MIDLOTHIAN	COLLABE				236				-	J.S.A	
11. MARITAL STATUS									-		
1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 K NO	- ['	If yes,	specify Cube	n, Maxica	IIC ORIGIN? (S n, Puerto Rice		or No-	14. RACE — Black, V	- American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 🗌 YI	ES 2 🔀 NO	Specify	<i>/</i> :			Specify:	WHITE
15. DECEDENT'S ED	UCATION	16a. DECEDEN	T'S HSHAI	OCCUPA	TION		165 KIS	ID OF BUS	INESS/IND	USTRY	
(Specify only highest gred	le completed)	(Give kind		ne during i	most of working	ng	TOOL KIN	10 OF BOS	NAE33/NAD	OSTAT	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Prin	cina	1			Pr	ivate	Chu	irch S	School
17. FATHER'S NAME (First, Middle, Last)	01	11111	C L Pa		40 1407	UPDIO NA	ME (First, Midd			II CII	Jenoor
Spencer B.	Ochorn						yn Sig		sumame)		
	OSDOLII		10.15	200 -					A	0.7:	
19a. INFORMANT'S NAME (Type/Print)	7 /17 1 1				and Number	r or Rural I	Route Number, (City or Town	, State, Zip	Code)	
L. DOUGLAS STOWN	Huspand		E AS								
20a. METHOD OF DISPOSITION 1 Burlel 2 □ Cremetion 3 □ Rer	noval from State	Park Tawn								City or Town	
4 Donation 5 Other (Specify)		rarktawn						l na	ampto	on, VA	1
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		2		AND ADDRE		eral S	amii.	20		
1/200	2 Tolo	TILD			11s C			CIVIC	-6		
23. PART I, Enter the diseesea, or	complications that ca	used the death. D	o not ent					or respir	atory em	eat.	Approximeta
shock, or heart fellure					,					,	Interval Between
IMMEDIATE CAUSE (Final disease or condition											Onset and Dea
reaulting in death)	a. OV CY	un Ca	ncer	^-							140
											3 . 161
Sequentielly list conditions,	b. DUE TO (OF	AS A CONSEQUENCE	OE)								5 MC1
If any, leading to immediate cause. Enter UNDERLYING	202 10 (011	A CONSCIONATION	. 01).								
CAUSE (Disease or Injury that Initiated events	C. DUE TO (OR	AS A CONSEQUENCE	OF);								1
resulting in death) LAST											
	d										
PART II. Other algnificant condition	one contributing to dea	ith but not resulting	ng In the	underly	ing cause	given in	Part I. 24	a. WAS AN			VERE AUTOPSY FINDING
							1	YES 2		C	OMPLETION OF CAUSE OF DEATH?
							'				YES 2 NO
							_				
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF D	DEATH /Ch	eck only one)				
EXAMINER?	HOSPITAL:	10.4-id 0 DO	ОТН	IER:							
27. MANNER OF DEATH	Kinpetient 2 ER		TIME OF	4	INJURY AT	esidence	6 Other (S)		LILIBY OCC	NIDED	
1 Natural 5 Pending	(Month, Day,)		INJURY	~~	WORK?	¬ NO	260. DESCRI	BE NOW IN	SONT OCC	JOHED	
2 Accident Investigation					YES 2 [NO					
3 Suicide 6 Could not be 4 Homicide determined	building, etc.	JURY — At home, far (Specify)	m, street, 1	factory, of	Tice		26f. LOCATIO	own, State)	nd Number	or Rural Rou	ste Number,
- Control - Control											
	SICIAN: To the best of my	knowledge, death occ	curred at th	ne time, d	ete and place	, and dus	to the cause(a) and men	ner as stat	ed.	
and a	IER: On the basis of exami	nation and/or investig	pation, in m	y opinion	, death occu	red at the	time, data and	d place, and	d due to th	e cause(a) s	end manner as stated
294 STOWATURE AND TITAE OF CENTIFE	ER \				29c. LIC	ENSE NUI	MBER		29d. DATI	E SIGNED (A	Worth, Day, Year)
W. DE	5 11 to										1, 1991
30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE C	F DEATH (ITEM 27)	Non Print	-			· · · · · · · · · · · · · · · · · · ·			,	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	N8 1			י ד דו עו	IE DT	יזע	DETUE	A CLE	MADVI	CITA 1	20802
31. DATE FRED (Month, Day, Year)	HISAL	THE RESERVE OF THE PERSON NAMED IN	, KUC	VATI	TE LI	.KE,	BETHES	DA,	riaky	LAND	20892
31. Jane 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	32. REGISTRAR'S	Day Lour	and a lit	See							
JUL 64	1001 guila	Marry Merion and	-								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
W SARAH R	2. DATE OF DEATH MONTH DAY

	REGISTRAR 1. DECEDENT'S NAME (Fit		1			DEATH	2. DATE OF D		3. TIME OF DEATH
	FRRSTI	ERMA	W, SA	RAHR	2		MONTH 7	20 9	YEAR 18:30
	4. SOCIAL SECURITY NUM 2/8-29/	008	5. SEX 6. A		F UNDER 1 YEAR	# UNDER 24 HRS. HOURS MIN.	Month, Day	, Yeary	BIRTHPLACE (State or For
стоя	Fankliw RESIDENCE OF DE	Institution, give st		9	96. CITY, TOWN O	R LOCATION OF DEAT	2/23	-	Y OF DEATH FLFO
DIREC	10e. STATE	10b. COUNTY	9170	10c. CITY,	Roseda				10d. INSIDE CITY LIMITS? 1 TYES 2
NERAL		ewick				2/237		4	S A
BY FUN	11. MARITAL STATUS 1 Never Married 2 1 3 Wildowed 4 D		12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO		ecify Cuban, Mexican, 2 Specify:			4. RACE — American India Black, White, etc. Specify: White
LETED	(Specify of Elementary/Secondary		CATION completed) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use i	retired.) Offic	ce Worker		Goetze	STRY
COMPL	11th gr 17. FATHER'S NAME (First, Paul Ganz	Middle, Last)		- UNEFI	010 720	18. MOTHER'S NAME Elvira			
TO BE	19a. INFORMANT'S NAME	(Type/Print)	A Ferstern				ute Number, C	Sty or Town, State, Zip C	21237
	20e. METHOD OF DISPOS 1 Donation 6 Oth	SITION ition 3 - Rem		20b. PLACE AND DATE Of cometary, creenatory of			OATE	20c. LOCATION — CH Baltimore	ty or Town, State e, Maryland
		ral service Lic	June		7		r Rd.	Balto.,	Md. 21236
	23. PART I. Enter the	diacesea, or of heart failure.	June 20 complications that cause of List only one cause of	used the death. Do not on each line.	ot enter the mod	401 Belai	r Rd.	Balto.,	st, Approxima interval Be Onset and
ERTIFICATION	23. PART I. Enter the ahook, or IMMEDIATE CAUSE (I disease or condition	ditions, nediate LYING night.	DUE TO (OR OC.	used the death. Do not	of enter the model of the Carl	401 Belai	r Rd.	Balto.,	st, Approxima interval Be Onset and
: MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same of the same or in the same of the same or in the same of the same or in t	diacesea, or of heart failure. Finel	DUE TO (OR d	used the death. Do not on each line. A C ARRES AS A CONSEQUENCE OF): SE LEZ O +C AS A CONSEQUENCE OF):	of enter the model of the Carl	401 Belaide of dying, such	r Rd. as cardiac y /s y/aR	Balto.,	st, Approxima interval Be Onset and
SICIAN: MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same or in the shock of the same of the same or in the same of the same or in the same of the same or in t	diacesea, or of heart failure. Finel distons, nediate LYING Injury AST	DUE TO (OR d. HOSPITAL:	used the death. Do not on each line. A C APRES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): th but not resulting in	of enter the modern the care in the underlying	401 Belai de of dying, such Comma R OI OVE SCA G cause given in P	r Rd. as cardiac / As art I. 24a k only one)	Balto., or respiratory arrest	Approximation of the property
PHYSICIAN: MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to limit cause. Enter UNDERI CAUSE (Disease or in that Initiated events resulting in death) L. PART II. Other significations of the cause of	diacesea, or of heart failure. Finel distons, nediate LYING Injury AST	DUE TO (OR d. HOSPITAL:	used the death. Do not on each line. A C APRES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	t enter the modern the modern that underlying the u	401 Belai de of dying, such COMPAR OF DEATH (Check The South Residence 6	r Rd. as cardiac / As art I. 24a http://doi.org/10.00000000000000000000000000000000000	Balto., or respiratory arrest	Approximation interval Be Onset and Info. 3 People 24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COMPLETION
TED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list condition if any, leading to immicially list condition cause. Enter UNDERI CAUSE (Disease or in that initieted events resulting in death) L. PART II. Other signification in the condition of the condit	diacesea, or of heart failure. Finel dittons, neddate LYING Injury AST TO MEDICAL	DUE TO (OR DUE TO (OR	used the death. Do not on each line. A CALLES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): ith but not resulting in //Outpetient 3 DOA (URY 26b. TIME INJUI JURY At home, farm, str	t enter the model of the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying the control of the underlying	de of dying, such Command Co	art I. 24a art I. 24a art I. 24a be control one) Other (Sp 28d. DESCRII	Balto., or respiratory arrest	Approximation of the state of t
IPLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the ahock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list come if any, leading to immediate. Enter UNDERI CAUSE (Disease or in that Initiated events resulting in death) L./ PART II. Other signification of the company of th	diacesea, or of heart failure. Finel dittons, incident condition AST D TO MEDICAL Pending investigation Could not be detarmined ERTIFYING PHYS	CARPICAL COMPICATION OF THE CONTRIBUTION OF THE CARPICAL COMPICATION OF THE CARPICAL C	used the death. Do not on each line. A CALLES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): ith but not resulting in //Outpetient 3 DOA (URY 26b. TIME INJUI JURY At home, farm, str	t enter the modern the	de of dying, such Comba R Co	art I. 24a art I. 24a l Other (Sp 22d. DESCRIII	Balto., or respiratory arrest Disce, Was an autopsy Performed? Yes 2 Kno On (Street and Number of win, State) o) end menner ee stated	Approximation interval Be Onset and Info. 3 R Year Autopsy Fig. Amailable Prior COMPLETION OF COMPL
PLETED BY PHYSICIAN: MEDICAL CE	23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list come if any, leading to imm cause. Enter UNDER! CAUSE (Disease or in that Initiated events resulting in death) L. PART II. Other signification of the control of the	diacesea, or of heart failure. Finei dittons, nediate LYING night y AST D TO MEDICAL Pending investigation Could not be determined ERTIFYING PHYS EDICAL EXAMINE	DUE TO (OR DUE TO (OR	used the death. Do not on each line. A C APLES AS A CONSEQUENCE OF): AS A CONSEQUENCE OF)	t enter the model of the model of the underlying that underlying the that underlying the the three that underlying the three that underlying the three	de of dying, such contact co	as cardiac as car	Balto., or reapiratory arrest Disca, a. was an autopsy Performed? Yes 2 Mo On (Street and Number of the county) b) end menner se stated place, end due to the 29d. DATE	Approximation interval Be Onset and Infine Section 1 1 1 1 1 1 1 1 1 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the strending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	FOR STATE REGISTRAR	STATE OF MARYLA		TMENT OF		MENTAL HYGIEN	E		
	1. DECEOENT'S NAME (First, Middle, Last Robert H.	Shields				2. DATE OF DEATH MONTH JULY 19	. 199°5	ar 7:55 a. m	
	4. SOCIAL SECURITY NUMBER 577 40 3544	5. SEX 6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Qey, Year) April	, 190	BIRTHPLACE (State or Foreign Country) Neb	
OR	9a. FACILITY NAME (If not institution, give Montgomery Ge		tal	96. CITY, TOWN	EATH	Montg	gomery		
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE MD MOn	tgomery Co	TOWN OR LOCA						
FUNERAL	100. STREET AND NUMBER 15121 Vantage	Hill Road		10	H. ZIP CODE 20906		10g. CITIZEN OF USA		
à l	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, s		NIC ORIGIN? (Specify Yearin, Puerto Ricen, etc.) y: nO		RACE — American Indian, Black, White, etc. Specify: white	
COMPLETED	15. OECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12) 12 +	College (1-4 or 5+) 7 VYS	Illin. Do NOT us	rork done during m e retired.)		16b. KIND OF BU		Association	
	17. FATHER'S NAME (First, Middle, Lest) James Shields		Re	cirea		ME (First, Middle, Maiden		ASSOCIACION	
TO BE	19a. INFORMANT'S NAME (Type/Print) VIRGINIA SHI	ELDS Wife				Route Number, City or Tow ad, Silver		gs, MD 20906	
	20a. METHOD OF OISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) 1. BIODATURE OF FUNETIAL SERVICE	Ronald Wa		or other place)	N (Name	CH ITY	Anato	or Town, State My board	
4	23. PART I. Enter the diseases, o shock, or heert felium immediate CAUSE (Finel disease or condition resulting in death)	e. List only one ceuse on ea	the deeth. Do not line.	Pulme	ode of dying, suc	annest	Iratory arreat,	Approximata Interval Between Onset and Death Mussele	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A C. OUE TO (OR AS A	CONSEQUENCE OF	7):	(61)	Beedin	9	1241	
MEDICAL	PART II. Other algoriticent condition of the Per Per Condition of the Pulmon Congression of the	one contributing to death but workylhouse one Prices will be with the second prices with the second prices will be second prices will be second prices with the second prices will be second prices will	tale u	in the underlying allean and Selling Selling		Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpe	etlant 3 17 DOA	OTHER:	PLACE OF DEATH (C	8 Other (Specify)			
BY PHYSICIAN:	27. MANNER OF OEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. II	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCUR	ED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Hamicide detarmined	28s. PLACE OF INJURY	— At home, farm, s	street, factory, off	ice	26f. LOCATION (Street City or Town, State		Tural Route Number,	
COMPLETED	enel	YSICIAN: To the best of my knowle INER: On the basis of axemination						suse(a) and manner as stated.	
띪	29h SIGNATURE AND TITLE OF CERTIF	awless, M.D.) Came	eds with	29c. LICENSE NU D 2 5		29d. DATE SI	GNED (Month, Day, Year)	
2	3801 Jukesh	WHO COMPLETED CAUSE OF DES	ATH (ITEM 27) (Type	Print)	SPRIN	g hes	. 20	906.	
	31. DATE UED (Marity 2007) 1991	32. REGISTRAR'S SIGNA	ATURE 1	t .					

10h

- 3	1. DECEDENT'S NAME (First, Middle, Las	SEWARD	The following state of the stat	ATE OF DEAT		REG. NO.		3. TIME OF DEATH	
	Sewar	-	STANLEY	SINE	MO	7 27	91	AR 3154	
A	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	VDQ MO	UNDER 1 YEAR IF UNDER	MIN. (Mc	TE OF BIRTH onth, Day, Year)		ORTHPLACE (State or Forei	
	187 05 2942 so. FACILITY NAME (If not institution, give		14	L CITY, TOWN OR LOCATION		-13-1917	9c. COUNTY	Virginia OF DEATH	
CTOR	HARFORD Memorial Hospital HARRE de Grace, Md HARFORD								
DIRECTOR	MD Ceci	il County		own or Location erryville				10d. INSIDE CITY LIMITS? 1 YES 2 No	
	10e. STREET AND NUMBER			10f. ZIP CODI			10g. CITIZEN	OF WHAT COUNTRY?	
FUNERAL	1582 Principi	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT O	903 F HISPANIC ORI	GIN? (Specify Yea o		RACE — American Indian	
BY FI	1 Never Married 2XXMerried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cube	n, Mexican, Puer Specify:			Black, White, atc. Specify: white	
E	15. DECEDENT'S EL (Specify only highest gra		16a. OECEDENT'S USL	done during most of working	19	16b. KIND OF BUSIN	NESS/INDUST	RY	
PLET	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	Netir	913		Mech E	nα		
COMPL	17. FATHER'S NAME (First, Middle, Last)				HER'S NAME (Firs	MECH EI			
BEC	Harry Sine					ancis Po			
2	19a. INFORMANT'S NAME (Type/Print) Dorothy Sine	Wife		DRESS (Street end Number					
	28a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	2	0b. PLACE AND DATE OF	F DISPOSITION (Name	-			or Town, State	
	21. INDIVIDUAL OF FUNERAL SERVICE	UCENSEE ROMald W	ade, Dir	22. NAME AND ADDRE	SS OF FACILITY	State An	atomy	Board	
	Minauld	0 0 . 1	/22/91	655 W. Ba					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Course on a cause on cause on a cause on a cause on a cause on a cause on a cause on	aach lina. Lisu (A consequence on:	arrosi	+	erdiac or reepira	atory arrest,	Interval Bet	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. COLOR AS b. DUE TO (OR AS C. M	each lina.	arrosi	+	ligna	story arreat,	Interval Bet	
4	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS b. DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	most hle	wa	ligna	WITOPSY	Interval Bet Onset and	
AL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS b. DUE TO (OR AS C. DUE TO (OR AS	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	most hle	wa	ligna	NUTOPSY MED?	24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. b. DUE TO (OR AS C. DUE TO (OR AS d. lona contributing to death	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF:	arosit	given in Part I.	24e. WAS AN APERFORM 1 YES 2	NUTOPSY MED?	24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?	
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. b. DUE TO (OR AS C. DUE TO (OR AS d. lona contributing to death	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in to	arosit	given in Part I.	. 24a. WAS AN AN PERFORM 1 TYES 2 (NUTOPSY MED?	Interval Bet Onset and Onset and 24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH?	
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the cause of the	a. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. HOSPICAL: 10 Impatient 2 = ER/Out (Month, Day, Year)	A CONSEQUENCE OF: A CONSEQUENCE OF: A CONSEQUENCE OF: but not resulting in to the consequence of the cons	the underlying cause 28. PLACE OF D THER: Nursing Home 5 Ref. 28c. INJURY AT	given in Part I. DEATH (Check only esidence 5 0 0 28d.	. 24a. WAS AN AN PERFORM 1 TYES 2 (AUTOPSY MED?	24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATHY	
ED BY PHYSICIAN: MEDIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions are successful to the cause of the cause of the cause. Enter the cause of the cause	a. DUE TO (OR AS DU	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the consequence of the cons	26. PLACE OF D THER: Work? Mr 28c. INJURY AT WORK? M 1 YES 2	given in Part I. DEATH (Check only ealdenca 5 0 28d, 1	. 24a. WAS AN AN PERFORM 1 YES 2	MUTOPSY MED? LIURY OCCURI	Interval Bet Onset and I 24b. WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Number of DEATH 1 Number of DEATH 1 Number of DEATH 2 Accident 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only 1 CERTIFYING PH	a. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. LIONA CONTRIBUTING TO GENTLE 1 Mapatient 2 ER/Out 280. DATE OF INJUR MONTH, Day, Year) 280. PLACE OF INJUR building, etc. (Sp	A CONSEQUENCE OF: A CONSEQUENCE	28. PLACE OF DITHER: Nursing Home \$ River WORK? M 1 YES 2 et, factory, office	given in Part I. DEATH (Check only exidence 5 0 0 28d. L.	24a. WAS AN AN PERFORM 1 YES 2 Value (Specify) OESCRIBE HOW IN. OCCATION (Street en Zity or Rown, State)	AUTOPSY MED? LJURY OCCUR! and Number or R	Interval Bet Onset and I 24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATHY 1 YES 2 NO Rural Route Number,	
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Number of DEATH 1 Number of DEATH 1 Number of DEATH 2 Accident 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only 1 CERTIFYING PH	a. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS DUE TO	A CONSEQUENCE OF: A CONSEQUENCE	26. PLACE OF DETERMINE THE RESERVENCE OF THE RES	given in Part I. DEATH (Check only exidence 5 0 0 28d. L.	24a. WAS AN A PERFORM 1 YES 2 [Wher (Specify) OESCRIBE HOW IN. COCATION (Street en City or Rown, State) cause(e) end menn date end placa, and	AUTOPSY MED? LJURY OCCURI and Number or R mer as stated.	Interval Bet Onset and I 24b, WERE AUTOPSY FINI AMALABLE PRIOR TO COMPLETION OF CA OF DEATHY 1 YES 2 NO Rural Route Number,	
COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsesse or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	a. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. LIONA CONTRIBUTION OF TO (OR AS DUE TO	A CONSEQUENCE OF: A CONSEQUENCE	the underlying cause 28. PLACE OF D THER: Nursing Home 5 Ri WORK? M 28c. INJURY AT Y WORK? I YES 2 et, factory, office at the time, date end place in my opinion, death occur [10]	given in Part I. DEATH (Check only esidence 5 0 0 28d. L	24e. WAS AN AN PERFORM 1 YES 2 [Wher (Specify) OESCRIBE HOW IN. COCATION (Street en City or Town, State) cause(e) end menn date end placa, and	AUTOPSY MED? LJURY OCCURI AND THE SHE SHE SHE SHE SHE SHE SHE SHE SHE S	Interval Bet Onset and I 24b, WERE AUTOPSY FIN AMALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO Rural Route Number, ED	
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, Obsesse or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the cause of the	a. DUE TO (OR AS DUE TO (OR AS C. DUE TO (OR AS d. LONG TO (OR AS DUE TO (A CONSEQUENCE OF: A CONSEQUENCE	28. PLACE OF E	given in Part I. DEATH (Check only esidence 5 0 0 28d. L	24a. WAS AN A PERFORM 1 YES 2 [Wher (Specify) OESCRIBE HOW IN. COCATION (Street en City or Rown, State) cause(e) end menn date end placa, and	AUTOPSY MED? LJURY OCCURI AND THE SHE SHE SHE SHE SHE SHE SHE SHE SHE S	Interval Bet Onset and I 24b, WERE AUTOPSY FIN AMALABLE PRIOR TI COMPLETION OF CA OF DEATH? 1 YES 2 No Rural Route Number, ED	

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A. Hours after death. Page 6 may be retained by the hospital or attending physician.	INFRAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Memfal Hygiene prior to bunal, cremation, or removal.	them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After	be filed within 72 hours after death	IMPORTANT: If Hem 28 is marke

	1. DECEDENT'S NAME (First, M	iddle Last)				ICATE OF			REG. NO.			3. TIME OF DEATH	
	JUN		STU	р					монтн D	AY YE	AR	1:30 PM M	
	4. SOCIAL SECURITY NUMBER			6. AGE (in yrs. ie	st birthday)	IF UNDER 1 YEAR	IF UNDES	Y	7. DATE OF BIRTH		BIRTNP	LACE (State or Foreign	
		1 [M 2 DF	58	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) 6-22-1933		Country) Mar	vland	
	90. FACILITY NAME (If not instit	rution, give street a	nd number)			9b. CITY, TOWN	OR LOCATI	ON OF DE		9c. COUNTY			
8	703 Wade A					Rocky	ille			Monte	ome	erv Co	
ECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY				
DIR	MD Montgomery Co Rockville											LIMITS?	
	10e. STREET AND NUMBER		CI y CO				of. ZIP COD			10g. CITIZEN	OF WI	HAT COUNTRY?	
FUNERAL	703 Wade A	venue					208	351		USZ	A		
5	11. MARITAL STATUS			T EVER IN U.S. A					IIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No- 14.	RACE Black,	- American Indien, White, atc.	
ВУ	1 Never Merried 2 Me 3 Widowed 4 Divorce	erred	IF YES, GIVE V	NAR OR DATES			S 2 NO				Specify	white	
	15. DECED	ENT'S EDUCATIO)N	16a, D	ECEDENT'S	USUAL OCCUPAT	ION		16b. KIND OF BU	SINESS/INDUS	RY		
	(Specify only h Elementary/Secondary (0-12	ighest grade comp	illege (1-4 or 5	Air	Give kind of a. Do NOT u	work done during r se retired.)	nast of world	ing					
릴	12				Secre	etary			Medic	al Pro	es	sion	
COMPLETED	17. FATNER'S NAME (First, Midd	fle, Last)					16. MOT	NER'S NA	ME (First, Middle, Maiden	Surname)			
BE	Earl L.	-							Hahn				
2	190. INFORMANT'S NAME (Type								Route Number, City or Tow		de)		
	Todd Stup	So	n			Welsh			thersburg	MD CATION — CID	or Tox	vn State	
	1 Burial 2 Cremetion 4 Donation 5 Other (S	3 Removal	from State	other i		STION (Nemo or)	errosery, cro	matory or	200. 60	- On	01 104	, out	
	21. SIGNATURE OF FUNERAL	SERVICE LICENSI	E Ponal	d Wada	Dix	22. NAME	AND ADDRI	ESS OF FA	CILITY	Anaton	n a D a		
	Banal	11.9	1	wade,	9-9	655	TAT E	Ral+i	more St, I			21201	
\vdash	23. PART i, Enter the disc	eases, or comp	olicationa the									Approximata	
	ahock, or hea	rt failure. List	only one ca	use on each lir	10.							Interval Between Onset and Death	
	IMMEDIATE CAUSE (Fina disease or condition		MVad	MAL	1	, A	16	sec	HOW			ACUTE	
	resulting in death)	04	DUE TO	OR AS A CONS	EOUENCE (OF):	2	V / - C	1000	8.		1,00	
z		- a/	PRTE	RIOSC	LER	orla	ARI	1001	45CVLAR	Pise	THE	ACUTE INDEF	
ERTIFICATION	Sequentially list condition if any, leading to immediate	ate	OUE TO	OR AS A CONS	EOUENCE (OF):							
2	cause. Entar UNDERLYIN CAUSE (Disease or Injury		DUE TO	OR AS A CONS	EQUENCE (ne.						-	
E	that initiated events resulting in death) LAST		DOL 10	(OH AS A CONS	LOOLINGE	<i>Je j.</i> ,						į	
E		d			1						_	-	
AL	PART II. Other aignificant	t conditions co	ontributing to	death but not	resulting	in the underly	ng cause	given in	Part I. 24a. WAS AI PERFO		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
음	HYPERT	ENGI	UE (MIDEO	UAS	0064	2	SOM	1 TES	2 10		OF DEATH?	
M								_	_			1 YES 2 NO	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO	MEDICAL					DI 105 05	DEATH (C)	heck only one)				
I I	EXAMINER?	H	OSPITAL:	☐ ER/Outpatient	2 D DOA	OTHER:		21112-0				-,	
HYS	27. MANNER OF DEATN	1,,	28e. DATE O	F INJURY	28b. TI	ME OF 28c.	NJURY AT	Hesidence	6 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCU	RED	-	
	1 Netural 5 P	ending restigation	7	S 91	"		VORK?	NO	FALLER	IN	BE	6	
D BY	a Date	ould not be	26a. PLACE	OF INJURY — AI	home, ferm	street, fectory, o	fles		281. LOCATION (Street City or Town, State	end Number or		-	
1	4 Homicide de	etermined		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	H	ME			aff.	10			
COMPLETED	29a. CERTIFIER (Check only	FYING PHYSICIAN	: To the best o	of my knowledge,	death occu	rred at the time, d	rte and plac	ce, and du	a to the ceuse(s) end m	enner as stated			
OM	chemist	AL EXAMINER: O	in the basis of	examination and/o	or Investigat	Neg In my opinion	, death occ	cured at th	e time, date and place,	and due to the	ceuse(s	a) and manner ae stated.	
W.	290. SIGNATURE AND STILE	OF CENTIFIEN	2/	1/1.	11	a all	29c. LI	CENSE NU	MBER	29d. DATE S	HGNED	(Month, Day, Year)	
8	State	486		[[]]	11	015	D	070	599	7-	- /	5=91	
2	NAME AND ADDRESS OF	PERSON WHO CO	OMPLETED CA	USE OFFERENCE	EN DITT	Sq. Print)			,				
	FRANCIS G.		4	DME M		200	Wisc	onsi	n Ave, Beth	nesda,	MD	20814	
	III 24 DATE EILED /Manth Day M	best 4	# 3t. RECESTE	MAR'S SIGNATURE	1.00								
	31. DATE SILED (Mogth 201/4)	991 9	who was	HOSON-HONE	delice.								

9.4

BY FUNERAL DIRECTOR

TO BE COMPLETED

tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

Brooklyn Park

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

6. AGE (In yrs. last birthday)

87

homas

1 X M 2 - F

8. BIRTHPLACE (State or Foreign Maryland

9c. COUNTY OF DEATH

A.A.Co.

7. DATE OF BIRTH (Month, Day, Year) 04

3. TIME OF DEATH 6:45

AM

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked

RESIDENCE OF DECEDENT										
10a. STATE	STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATIOH 10d. IHSIGE CITY LIMITS?								10d. JHSIOE CITY LIMITS?	
Maryland	yland Balto.City Md.							1 X YES 2 HO		
10e. STREET AND NUMBER		101.	101. ZIP CODE				WHAT COUNTRY?			
118 W.Clement St. 21230 USA										
11. MARITAL STATUS		WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED		NDENT OF HISPANI cify Cuban, Maxican			- 14. RAC Blac	E — American Indian, ck, Whita, etc.	
1 Hever Married 2 3		IF YES, GIVE WAR OR DAT			2 NO Specify:		,	Spec		
1 11100										
15. DEC (Specify onl	y highest grade com	pleted)	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF				BUSINESS/INDUSTRY			
8th.Grad	,	ollege (1-4 or 5+)	Order Filler			В	Bakery			
17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S HAME (First, Middle, Malden Surname)										
	Wi1	liam B	. Thoma	s	Rose]	Reito	ober	
19a, INFORMANT'S NAME (nd Number or Rural A					
Mr.Raymond	S.Tho	mas	1413	Clar	kson St	.Balto	.Md.:	21230)	
20a. METHOD OF DISPOSIT \$\frac{1}{2}\text{Burial} 2 \square Crematic 4 \square Donation 6 \square Other	on 3 🗆 Ramoval	from State	PLACE OF DISPOSITION Of their place) edar Hil	N (Name of cert				CO.Mo		
21. SIGNATURE OF FUNERA	L SERVICE LICENS	EE A	A	22. HAME AH	D ADDRESS OF FAC	ILITY	TQ.	a 1 + c	.Md.21230	
1 6 h	niel	1. Mays	or	McCu	11y Fun	eral H			E.Fort Ave	
23. PART I. Enter the d		plicatione that caused		enter the mo	de of dying, such	aa cardiac or	eepiratory	arrest,	Approximate Interval Between	
IMMEDIATE CAUSE (Fig		only one cause on ea	Cn line.		•			**	Onset and Death	
disease or condition	—	my Roll	C C	ande	-101	whit	1m	101	mareta	
reaulting in death)	a	DUE TO OR AS A	CONSEQUENCE OF):	00	2 100	7	011	760		
		Vatha	of Siler	to (Come	my Va	En	- di	se years	
Sequentially list condit		OUE TO (OR AS A	CONSEQUENCE OF):			1	1	1		
If any, leading to immediate cause. Enter UNDERLYING										
CAUSE (Disease or injury that initiated events DUE TO (OR AS A COHSEQUENCE OF):										
resulting in death) LAST										
DART II Onto a classifica						NIAN LANGE				
PART II. Other aignifica	ent conditions co	ontributing to death bu	it not reaulting in ti	ne underlying	cause given in i	Part I. 24a. W	S AN AUTOP RFORMED?	SY 24	b. WERE AUTOPSY FINOINGS AVAILABLE PRIOR TO	
Completion of cause of Death?										
			no	- Oarl	Serva	_			1 TES 2 HO	
			(/ .			ŀ				
25. WAS CASE REFERRED T					ACE OF DEATH (Che	ick anly ane)				
1 TES 2 AO		OSPITAL:		THEN: Nursing Hom	5 🗆 Residence	6 Other (Specif))			
27. MAHHER OF DEATH		28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JRY AT RK?	28d. DESCRIBE F	OW INJURY	OCCUREO		
	Pending Investigation	(monut, pay, redr)	INJURY		ES 2 NO					
3 Suleide 28s. PLACE OF IHJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Bural Route Number,								Route Number,		
4 Homicide	datermined	building, atc. (Speci	Ty)			City or Town,	State)			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.										
(Check only 1 Check										
296. SIGHATURE AND TITLE	E OF CERTIFIER	Mary 1	lel.	40	29c. LICENSE NUM	BER 67	29d.	DATE LIGHE	G (Month, Day, Your)	
30. NAME AND ADDRESS/OF PERSON WILD COMPLETED CAUSE OF DEATH INTER 27/ (Type, Prier)										
JU. NAME ANY ADDRESS O	PERSON WIND CO	1 Rand	TH ITEM 27 (Type, Pri)	8	4181	3+A	310	1.1	Da jadena	
31. DATE FILED (Month, Days		32. REGISTRAR'S SIGN	TURE				7	/	711	
JUL 241	991 4	the Davidson-A	color							

in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

E	麎	afte	28
8	DUREC	hours	If Item
M	M	2	=
E HOSPITAL	FUNERAL	within	MPORTANT:
THE	THE	filed	POR
2	2	2	Ξ

TO BE CO!

296. SIGNATURE AND TITLE OF CERTIFIER

O COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PREGISTRABIS SIGNATURE

HUS

		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC	IENT OF HEALTH AN ATE OF DEATH	D MENTAL HYGIEN	91	19967					
		1. DECEDENT'S MANY (First, Middle, Lest)	1 /1	9 YEAR 9 15 Am									
DIRECTOR		218 26 7006	10 m 2 0/2 6	An.	UNDER I YEAR IF UNDER 24 HR ITHS DAYS HOURS MIN	414 do 141-4	3/ 8	Country)					
		9a. FACILITY NAME (If not institution, give	street and number)		SACT / F	1 DKG	sc. county	OEATH THORE					
		10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 10 Tes 2 NO											
FUNERAL		100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN OF 217.17											
BY FUN		11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, epecify Cuban, Mexican, Puerta Rican, stc.) 14. RAC Blac Sac Sac Sac Sac Sac Sac Sac Sac Sac S											
COMPLETED		15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5-4) College (1-4 or 5-4) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relied.) 16b. KIND OF BUSINESS/INDUSTRY											
TO BE		(190, INFORMANT'S NAME (Type/Print) / 190. MAILINO ADDRESS (Street and Number or Aural Agore Number, City or Town, State, Zip Code) (21/17) MR H GO / Ph Try / OR / / OE 40 harted Hill Rd Owings mills me											
HUST		20a. METRIOD OF DISPOSITION 167 Burial 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of Complexy, gramatory or other piece) 20c. LOCATION — City of Town, State Complexy, gramatory or other piece) 20c. LOCATION — City of Town, State											
схашие		21. SIGNATURE OF FUNERAL SERVICE LI	L. Rus.	2	22. NAME AND ADDRESS OF	North And	BAL	to mone					
t, the medica		23. PANT I. Enter the disease, prehock, prhesit fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that caused List only one cause on aer	on line.	inter the mode of dying, s	such as cardiac or respin	atory arrest,	Approximate interval Between Onset and Desth					
- ceven		Sequentisity list conditions. DUE TO (OR AS A CONSEQUENCE OF): COLONARY ARTERY DISEASE											
CATIO		If any, leading to immediate cause. Enter UNDERLYING											
CERTIFICATION		CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C		PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. ATU, CHIZ REWAL LINGUEF. 24a. WAS AN AUTOPSY PINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHS.											
N: ME		HIO CUA (COID PUD)											
PHYSICIAN:		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 8 Other (Second)											
K I		27. MANNER OF DEATH 28a. DATE OF INJURY 1 Natural 5 Pending 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED WORK?											
ETED BY		2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined	28e. PLACE OF INJURY – building, stc. (Specify	M 1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
APLE		29s. CERTIFIER (Check only cost). 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, desth occurred at the time, date and place, and due to the cause(a) and manner as stated.											

29c. LICENSE NUMBER

BEHR INGER

29d. DATE SIGNED (Month, Day, Year)

7/2//9/

A 000 ST-250-55-1	760, BALTIMORE, MARYLAND 21215-0020	ted within 24 nours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactled for use as the burial-transit permit. Pages 1.2.3 should	al, cremation, or removal.	event, the medical examiner must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mous after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and c	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene print to Duria	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic

Items 25,27,28a-f, per MEO, G-690, 8/13/92 gn

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGIST

	HEGISTIAN			-NIIF	ICAL	= UF	DEAL	н	F	IEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) JOHN L. TRAUB							MONTH DAY YEAR			TIME OF DEATH		
DIRECTOR	445 00 050	5. SEX	6. AGE (In yrs. last birthday)		IF UNDER	1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF I	SHRTH y, Year)	0.1		ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give street		04	YRS.					9-3-	1906		New	York
							OR LOCATIO		ATH		9c. COUNTY OF DEATH		
	THE JOHNS HOPKINS	BALTIMORE CITY				BALTIMORE CITY							
	10a. STATE 10b. COUNTY MD Harfo:	ry, town on Location Abington					10d			0d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER						YES 2 NO						
BY FUNERAL			101	. ZIP CODE				10g. CITIZEN	OF WH.	AT COUNTRY?			
N.	610 West Baker A	Las			2100			US.					
E	1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. ARI	O	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. If yes, specify Cuban, Maxican, Puerto Rican, etc.)				RACE - Black, V	- American Indian, White, alc.			
	3 Wildowed 4 Divorced	IF YES, GIVE W	AR OR OATES	YES	1	YES	2 NO	Specify		NO		Specify:	
COMPLETED	15. OECEDENT'S EDUCAT	TION	16a, DE0	CEDENT'S	USUAL OC	CUPATIO	ON		16h ICIN	D OF BURN	NESS/INDUST	DW.	WILLCE
ш	(Specify only highest grade co	mpleted) College (1-4 or 5 +	(G/	ve kind of w Do NOT us	rork done o e retired.)	during mo	st of working	g	TOUR KIN	D OF BOSII	AE 99/INDUST	MT.	
P		competition of a f		Reti	red				110	Army			
O	17. FATHER'S NAME (First, Middle, Last)			NC CI.	LCu	_	16. MOTH	ER'S NAI	ME (First, Middle			_	
	Alexander Traub								e Bant		irname)		
BE	19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street a			oute Number, C		Curto Tio Co.		
70	Catherine Traub	Wife											
	20a. METHOD OF DISPOSITION		20b. PLACE A					iue,	Abing				
	1 Durial 2 Cremation 3 Remove 4 Donetion 5 Other (Specify)		cemetery, crem	natory or ot		ITION (Na	me of		DATE	20c. LOCA	ATION — City	or Town	, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICEN	Ronald	Warde ,	Dir.	22.1	NAME AN	ID ADDRES	S OF FAC	St.	ate A	natom	v bo	pard
	Januard/1	alse	11	71	65	5 W.	Bal	timo	re St				21201
	23. PART i. Enter the diseases, of con	npilications that	caused the dec	th. Do n	ot anter	tha mo	de of dylr	ng, such	ss cardiec	Dr reapira	tory arrest.		Approximate
	Interval Bet											Intarvai Between	
	disease or condition										01		
	reaulting in death) a	DUE TO	OR AS A CONSEO	UENCE OF):								- xouy)
z		Re	80 0	Mu	Pin	2							lake.
CERTIFICATION	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):												
5	CAUSE (Disease or Injury	M	1801	re	eu	M	a	*					>141.
1	that initiated events reaulting in death) LAST	DUE TO (OR AS A CONSEO	UENCE OF):								
H	d												
	PART II. Other significant conditions of	enetributing to	leath but not re	multing is	a the uni	do els de e		to the first		WALL I			
EDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?									AM	ERE AUTOPSY FINDINGS WILABLE PRIOR TO		
	17756 2740 00									OMPLETION OF CAUSE F DEATH?			
Σ	Fraction		rup						_			1 (YES 2 NO
Z	- (E) 120g	o ven	eus 1	40	me	XO S	vs.				_		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			OTHER		ACE OF DE	ATH (Chec	ck only one)				
YS	1 X YES CON THE 1	inpatient 2	ER/Outpatient 3				5 🗆 Res	idence 6	Other (Spe	ictfy)			
표	27. MANNER OF DEATH	28a. DATE OF I (Month, Day		28b. TIME INJU	OF	28c. [NJL WOF			28d. DEŞCRIB	E HOW INJ	URY OCCURE	D	
B	5 Pending Investigation	7/7/91			AM	1 🗌 Y	ES 2 X	NO	Subject	fell	while w	alki	na
	3 Suicide 6 Could not be	28a. PLACE OF building, a	INJURY — At horr	ie, farm, at	reet, facto	ry, office			281. LOCATION City or Tox	(Street and	Number or Ru	irel Rout	n Number,
	4 Homicide datarmined	Hospital							Baltimo		Johns H	opki	ns Hospital,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of n	ny knowledge, dest	th occurred	at the tir	ne, date o	end place				a on olelad		
8	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.												
	29h SIDANTINE AND TITLE OF CENTIFIED												
BE	SHERCHARD	INR	Know	lan	7		29c. LICEN	SE NUME	SER 2	2	9d. DATE SIG	NED (MO	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPI ETED CALIF	7430	27.5			00	1 36	-		773	0	71
	Sear P. Gair	4 400	SFINS	21) (Type, 1	only	an	ST	105	PE	opt	zuen	e	MD
	31. DATE FILED (Month, Day, 1607) 44	32. REGISTRAR	'S SIGNATURE					- 3-1	, 6				
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FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, Lest)	Vengert					2. DATE OF DEATH MONTH	DAY C	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		E (In yra. lest birthda	y) IF UNDER	t YEAR	IF UNDER 24 HRS,	7. DATE OF BIRTH		BIRTHPLACE (State or Fore
	218-18-5427	1 🗆 M 2 🖫 🗲	66 YRS	MONTHS	DAYS	HOURE MIN.	(Month, Day, Year)	24	Country) Marvland
	9a. FACILITY NAME (If not institution, give	- 25	00	9b. CITY,	TOWN C	R LOCATION OF DE			OF DEATH
HOLO	Joseph Ritchi	e House		Ba	1 t. i	more		Ci	+ v
5	RESIDENCE OF DECEDENT		1.00						10d. INSIDE CITY
	10a. STATE 10b. COUN			CITY, TOWN O					LIMITS?
- 11	Maryland 100. STREET AND NUMBER			Balti		ce City		100 CITIZE	1 PYES 2 N
					100	21230			
FUNERAL	124 W. Fort A	12, WAS DECEDENT EVE	R IN U.S. ARMED	13. 1	MAS DEC		NIC ORIGIN? (Specify	U.S.	I. RACE — American Indian
- 11	1 Never Married 2 Married	FORCES? 1 YE	S 2 NO	1	yes, sp		en, Puerto Rican, atc.)		Black, White, atc. Specify:
B	3 Widowed 4 Divorced					a la no aposi	,		White
3	15. DECEDENT'S ED (Specify only highest grad	UCATION de completedi	16a, DECEDEN	T'S USUAL Of	CUPATIO	ON ast of working	16b. KIND OF	BUSINESS/INDUS	STRY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	His. Do NO	T use retired.)	o.n.go	or or worrang			
COMPI	12	0	Cler	k			Depa	rtmen	t of Defe
5	17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Malo		
BE (ylor					herine_		
2	19a. INFORMANT'S NAME (Type/Print)						Route Number, City or		
-	Terry Schroed						ltimore		
	20a. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 A Ra	moval from State	other place)			metery, cremetory or			ty or Town, State
	4 Donation Other (Specify)		len Ha			Park ND ADDRESS OF FA	IG]	en Bu	rnie.Md.
	21. SIGNATURE DI PURENAL SERVICE I	LICENSEE		22.	NAME A	NU ADDRESS OF FA	Baltimo	re,Md	.21230
	Daniel	a Tlank	7	Mc	C11.1	ly Fun			E Fort A
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	S A CONSEQUENCE	E OF:	L	VEY			6 m
RTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE	E OF):	Co	low			6 m
MEDICAL CE	PART II. Other eignificant condition	one contributing to deat	h but not result	ng in the u	nderlyin	g cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FII AMAILABLE PRIOR 1 COMPLETION OF C DF DEATH?
ME									t TYES 2 N
ž									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		LACE OF DEATH (C	heck only one)	./ -	
YSI	1 U YES 2 NO	1 Inpetient 2 ER/C		A 4 Nu	rsing Hor		8 Sther (Specify)	Hosp.	
F	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Yel		TIME OF INJURY	W	JURY AT ORK?	28d. DESCRIBE HO	W INJURY OCCL	JRED
ВУ	2 Accident Investigation			М		YES 2 NO			
ED	3 Suicide 6 Could not b	28e. PLACE OF INJ building, atc. (JRY — At home, fa Specify)	rm, street, fac	tory, offi	CB	28f. LOCATION (Str City or Town, S		r Rural Route Number,
COMPLET	cool crity	YSICIAN: To the best of my k INER; On the basis of examin							
B	296. SIGNAPORE AND VITLE OF CENTRAL	Prun	i mi	>		DO8	900	29d. DATE	SIGNED (Month, Day, Year) - > 4 - 9 /
5	30. NAME AND ADDRESS OF PERSON C	WHO COMPLETED CAUSE OF	DEATH (ITEM 27)	Type, Print)	21	1.0-4 ta	wSt.B	a Hov	Md 21201
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S						*	
	JUI 24 1991	Seli Ti	٠ ٧٠						
		Charles Country	n-Manda						DHMH-1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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UNITE HUSPITAL OR ALENDING FILLDRICKING THE LEGISTER OF THE COURT OF THE PROPERTY OF A LEGISTER OF THE PROPERTY OF A LEGISTER OF THE PROPERTY OF A LEGISTER OF THE PROPERTY OF	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or femoval.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY, NUMBER 20 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign 1 M 2 🗆 F D#~ HOURS YRS. 456-40-2487 3 Texas 929 9c. COUNTY OF DEATH Se FACILITY NAME (If not institution, give atmet and number) 9h CITY TOWN OR LOCATION OF DEATH DIRECTOR Harbor Hospital Baltiomre Center 10d. INSIDE CITY 10c. CITY, TOWN OR LOCATION 10b. COUNTY 1 YES 2 NO Maryland
100. STREET AND NUMBER <u>Baltimore</u> City 21230 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 2 1 2 3 0

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2X NO Specify: 1705 William Street U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BY 3 XWidowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6 Cutter \cap Baltimore Harbor 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Edwin Davis Wilke certrude Hubbard BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Vir<u>qinia</u> Thacker Wilke Baltimore, Md. 21230 1705 William Street 20a. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 20c. LOCATION - City or Town, State Burlei 2 Cremation 3 Removal from State Co. Cedar Hill Cemetery Md 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 1a Vanus McCully Funeral 130 E.Fort Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between shock, or heart failure. List pnly pna cause pn each line. Onset and Death IMMEDIATE CAUSE (Final MERYHORMIA disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF); HABDOMY(US' CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING Circula CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: 1 | YES 2 | NO 1/ Inpatient 2 ER/Outpatient 3 DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 26s. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation M 1 YES 2 NO BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a, CERTIFIER 14 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SHOWATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER

7049 29d, DATE SIGNED (Month, Day, Year) BE PGT.3 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

M. A. Riga

2 4 1991

SYED 31. DATE FILED (Month, Day, Year)

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed a man and a short death. Page 6 may be Tenizadd by the hos	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AL OR	L DIR	be filed within 72 hours after death with the State Dept, of Health and Mental Hygrene prior to burlal, cremation, or removal.	I Item
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TO T	101	B	MP

RACHEL ANN	WALLER	- 2					Z \	1991	9:05 A
4. SOCIAL SECURITY NUMBER 212 - 32 - 3256	5. SEX 1 ☐ M 2 🔀 F	AGE (In yrs. lest bir	thdey) IF UNDER	DAYS HOURS	ER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year) Jan . 14,	1908	Country)	NCE (State or Foreign
96. FACILITY NAME (If not institution, gives St. Agrees Hospitalist of December 1	e street and number)		BA.	HO.	ITION OF DE	EATN	9c. COU	INTY OF DEAT	N
MD. 106. COU	VITY	1	BA/	timore				1	d, INSIDE CITY LIMITS? YES 2 NO
104 A WINT	ers LANE			101. ZIP CC	122	8	10g. CIT	USA	T COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 T IF YES, GIVE WAR	YES 2 NO			ban, Mexica	NC ORIGIN? (Specify Y n, Puerto Rican, etc.) y:	ee or No—	Specify:	American Indien, thite, etc.
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	(Give	DENT'S USUAL Of kind of work done NOT use retired.)	during most of wo	riding	166, KIND OF B	USINESS/IN	DUSTRY	
	ooks			B	idie	ME (First, Middle, Meide Beatrice	GR	- 4	Brooks
HILLA Bruce		10	4A W	inters 1	AUC.		INSVI	110,1	nd 2122
20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 8 Other (Specify)			ematory or other	DREST VI	et.	7-25 6	WING	MI/S	Md-
21. SIGNATURE OF FUNERAL SERVICE	I. Bu		\ \ \	NAME AND ADD	RESS OF FA	Bruwn Cor North	nmu	v.ty f	unceal Hor
immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (O	PHY LOCOCO R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE	PNEW!	MONIA	SEPTIC	EMIA			Onset and Di A-6 May
PART II. Other aignificent conditions Congestive Wes			uiting in the u	underlying ceus	e given in	PERF	AN AUTOPSY ORMED? 2 K NO	A	VERE AUTOPSY FINDII WAILABLE PRIOR TO OMPLETION OF CAUS OF DEATH?
Piabetes M Anemia; A		Disease	0					1	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 N	ER:	SV 300-7111	8 Other (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident investigation	28e, DATE OF IN (Month, Day,	JURY Year)	28b, TIME OF INJURY M	28c. INJURY AT WORK?		28d. DEŞCRIBE NOV	O YRULIN W	CCURED	
3 Suicide 8 Could not	De building, et	INJURY — At home c. (Specify)	o, farm, street, fa	ectory, office		281. LOCATION (Stre City or Town, Str		er or Rural Roo	rte Number,
4 Homicide determine				time date and at	ace, and du	e to the cause(e) end r		tated.	
29a. CERTIFIER (Check only 1 CERTIFYING PA	HYSICIAN: To the best of m					e time, date and place,			end menner ee state
29a. CERTIFIER (Check only 1 CERTIFYING PA	WINER: On the basis of exa		estigation, in my	opinion, death o			and due to	the cause(e)	Month, Day, Year)
29a. CERTIFIER (Check only one) 1 CERTIFYING PROPERTY CHECK ONLY 2 MEDICAL EXAM	WHO COMPLETED CAUSE NES HOSPITAL	mination and/or im	RESIDE	opinion, death or	ccured at th	MBER	and due to	the cause(e)	Month, Day, Year)



material to the primary

ION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DIFFERENCE OF HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the neutrinous physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last			ERTIF					2. DATE (REG. NO		YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	Virgil 5. SEX	O. Webb						7	17	7 19	991	
218-42-8109	1 💢 M 2 🗆 F	6. AGE (In yrs. In:	YRS.	IF UNDER	DAYS	HOURA	R 24 HRS. MIN.	7. DATE 0 (Month, 4-20	Day: Year)		8. BIRTI Count	HPLACE (State or Foreign hy) Md
9a. FACILITY NAME (If not institution, give 1643 Sherwood Ave RESIDENCE OF DECEMENT					timor		TON OF DE			9c. COU	INTY OF E	DEATH
10e. STATE 10b. COUN	тү			Ttimon		ION						10d. INSIDE CITY LIMITS? 1 Z YES 2 NO
100. STREET AND NUMBER 1643 Sherwood	Avenue				2	ZIP COE				l	J S A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AR 1 YES 2 1 WAR OR DATES	RMED NO	1 "	yes, spe	city Cub	DF HISPAN an, Maxica Specify	n, Puerto Ri	(Specify Yea can, atc.)	or No—	14. RACI Black Spec	E — American Indian, k, White, etc. #y: Black
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 8	(G	CEDENT'S live kind of . Do NOT u	USUAL OC work done di se retired.)	CUPATION buring most	N t of work	ing	16b. I	KIND OF BUS	SINESS/IND	DUSTRY	
17. FATHER'S NAME (First, Middle, Last) Vingil O. Webb, Sr								ME (First, Mi	ddle, Maiden	Sumame)		
19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street an				r, City or Town	n, State, Zic	Code)	
Charlaine Webb				Sherw					re, Md			
20¢. METHOD OF DISPOSITION 1 (3 Buriel 2 Cremetion 3 Res 4 Donation 5 Other (Specify)	noval from State	20b. PLACE A						DATE	20c. LO	CATION -	City or To	wn, Steta
21. SIGNATURE OF FUNETRAL SERVICE L	CENSEE	ARB	whi	ther place)			SS OF FAC	11111	AK.	but	05,1	nd
Mala	CM	14000	1	22. N	Marc	h F/	H West	t				
23. PART I. Enter the diseases, or	complications the	durch at coused the de	ath. Do i		Marc 430	h F/	H West	t Avenue	e e er menle	reton, es		
23. PART I. Enfer the diseases, or shock, pr heert feliure. IMMEDIATE CAUSE (Final disease or condition	complications the	use on eech line).	not enter t	Marc 430	h F/ 00 W	H West abash Ing, such	Avenue	oc or respi		rest,	
IMMEDIATE CAUSE (Final	. REN	use on eech line	er	not enter t	Marc 430	h F/ 00 W	H West abash Ing, such	Avenue	e or respir		rest,	Intervei Betwe
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	1. DECEDENT'S NAME (First, Middle, LI JACKIE	G. WILLI	AMS			2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME (
	4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	. 7. DATE OF	09 19	1	3::
	217-64-7393	1 🔀 M 2 🗆 F	35 YRS.	MONTHS DAYS	HOURS MIN.	(Moons, D	18-1955	8. Birti Cour	N.C.
N.	99. FACILITY NAME (If not institution, gi			96. CITY, TOWN O	OR LOCATION OF		9c. CO	DUNTY OF	DEATN
RECTO	RESIDENCE OF DECEDENT								
DIRE	Md 10a. STATE	JNTY		y, town on Loca Itimore	TION				10d. INSH
	10e. STREET AND NUMBER				f. ZIP CODE		10g. C	ITIZEN OF	1 X YES
FUNERAL	6714 Chisholm				21207		Ü	SA	
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 1 NO	If yes, sp	ENDENT OF NISP ecify Cuben, Mex 2 X NO Spe	ican, Puerto Rica	Specify Yea or No-	14. RAC Blac Spec	CE — Americ ck, White, et city: B1
8	15. DECEDENT'S 8 (Specify only highest gi	EDUCATION rade comoleted)	16e. DECEDENT'S	USUAL OCCUPATION Mork done during mo	ON	16b. KII	ND OF BUSINESS/II	NDUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during ma se retired.)	ist of working				
COM	17. FATHER'S NAME (First, Middle, Lest) James H. Willian				18. MOTHER'S	NAME (First, Midd	le, Melden Sumame))	
BE	190. INFORMANT'S NAME (Type/Print)	ID .	T 401 44411 1110		Delo		ray		
TO B	Delores Williams		6714	Chisholm	Drive Bal	timore,	%d 21207	Zip Code)	
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 R	emoval from State	Db. PLACE AND DATE (OF DISPOSITION (Na	nme of	DATE	20c. LOCATION -	City or T	own, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE		WOOD TaW			71391	Baltimor	e, Md	
	DA. (2 0		12.00	ADDRESS OF	FACILITY			
	IMMEDIATE CAUSE (Final		eech line.			ich ss cerdlec	or respiratory e	,	Inte
RTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. HIV	A CONSEQUENCE OF	Fast be	acterium	n)	Virus		App Inte Ons
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THE HOSPITAL DR	THE FUNERAL DIREC	lled within 72 hours	ORTANT: If Item
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR	STATE OF MAR	YLAND / DEPAR	RTMENT OF	HFAITH AND I	MENTAL HYGIEN	IF.	91 19974
	1 - STATE REGISTRAR			ICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last) CHARLES	R AYM		DERSON		2. DATE OF DEATH MONTH D		3. TIME OF DEATH 91 3:19 p M
	4. SOCIAL SECURITY NUMBER 219-64-7443	6. SEX 6. A	GE (In yrs. lest birthday) 36 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-18-19	54	BIRTHPLACE (State or Foreign Country) Maryland
	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CITY, TOWN	OR LOCATION OF DE	EATH	9c. COUNTY	Y OF DEATH
СТОВ	SAINT AGNES I				IMORE		BAL	TIMORE
FUNERAL DIRECTOR	TALYTORG	ward		licott	City			10d. INSIDE CITY LIMITS? YES 2 \(\square\) NO
¥.	10e. STREET AND NUMBER			1	of. ZIP CODE			N OF WHAT COUNTRY?
Ä	3262 Normandy W				21043			ed States
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	ER IN U.S. ARMED ES 2 ANO PR DATES	If yes, s	CENOENT OF HISPAI pocky Cuban, Maxica S 2 NO Specifi	NIC ORIGIN? (Specify Ye in, Puerto Ricen, etc.) y:	a or No 14	I. RACE — American Indian, Black, White, etc. Specify: White
	15. DECEDENT'S EDU		160. DECEDENT'S	USUAL OCCUPAT	ION	16b, KIND OF BL	ISINESS/INDUS	
COMPLETED	(Specify only highest grade Flementary/Secondary (0-12) 12 Years	2 Years	ille. Do NOT u	work done during no retired.)		Md. De	pt. of	Corrections
COM	17. FATHER'S NAME (First, Middle, Last) Charles Raymond	Anderson				ME (First, Middle, Msider B. Bryant	n Surname)	N/E/XTI
TO BE	190. INFORMANT'S NAME (Type/Print) Charles Raymond	Anderson				Route Number, City or Ton Irt Beltsv.		Maryland 20705
	20s. METHOD OF DISPOSITION 1	oval from Stata	206. PLACE AND OAT					y or Town, State ia, Virginia
Ē	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	alt.	Don		orgwardt F	uneral	Home, P.A. lle, Md. 20705
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	bDUE TO (OR	AS A CONSEQUENCE C	PF):	ASCULAR	DISEASE		Onset and Death
PHYSICIAN: MEDICAL CE	PART II. Other significent condition	e contributing to dea	th but not resulting	In the underlyl	ng cause given in	Part I. 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL							
C	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C/			
IYS	14 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☑ ER			me 5 Residence	6 Cher (Specify) 28d. DESCRIBE HOW	IN HIEV COC.	OED.
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye	ear) IN	M 1	YES 2 NO		J. del.	
ED	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	street, factory, of	Ice	281. LOCATION (Street City or Town, State	t end Number or e)	Rural Route Number,
COMPLET	Circuit Striy	ICIAN: To the best of my I ER: On the basis of examin						I. cause(a) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE ADMALY AND ADDRESS OF PERSON WA	Sicht M	D	244	O . C . M			18/1991
	30. NAME AND ADDRESS OF PERSON WITH DOUBLE G. WRIG	HT MD D	ME 111 I	PENN ST	REET B	BALTIMORE	, MAR	RYLAND 21201
	JUN 21 '91	Julia L	SIGNATURE Audo	عالم	C-X			

1	FOR STATE REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1.	REGISTRAR DECEDENT'S NAME (First, Middle, Last)	Willard	3					2. DATE	OF DEATH			3. TIME OF DEATH
	Woodrow	A	aron					MONT	7	13	97	6:50 a
4.	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.		OF BIFTH			THPLACE (State or Foreign
1	17-14-0243	1 M 2 □ F	75	YRS.			HOURS MIN.	11/	1 4 /	1915		aryland
	Memorial Ho	ospital					LOCATION OF D	EATH		9c. CC	Ta	1bot
-	RESIDENCE OF DECEDENT 0a. STATE 10b. COUNT	Υ	-	10c, CIT	Y, TOWN OR L	LOCATIO	ON					10d. INSIDE CITY LIMITS?
111	Maryland Do:	rchester	c		Cambr	id	ge					XXYES 2 NO
10	00. STREET AND NUMBER					10f.	ZIP CODE			10g. C	ITIZEN OF	WHAT COUNTRY?
	301 Washington	n Street	t				21613				U	S
X	1. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR	MED	If ye	es, spec	NDENT OF HISPA elfy Cuben, Mexic NO Spec	an, Puarto			Bis	CE — American Indian, ick, White, atc. Only: White
F	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	ilve kind of	Work done during retired.)	UPATION Ing most	N t of working	168	. KIND OF	BUSINESS/I	INDUSTRY	
	7		Fr	reig	ht Bo	at	Capta	in				
17	7. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N		Middle, Mai	den Surname)	
	John Wesley	Aaron					Dai	sy F	rice	е		
19	9e. INFORMANT'S NAME (Type/Print)		190				d Number or Rura					
	Eldridge Corbi	man					97 Cam					
X	es. METHOD OF DISPOSITION [X] Burlel 2 ☐ Cremetion 3 ☐ Ren	noval from State	of comptons	. aramatar	E OF DISPOSI	- 1		DAT		LOCATION		
4	☐ Donation 5 ☐ Other (Specify)		_ Ca	ambr	idge	Cei	metery					
21	11. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				ME ANS						al Home
ii d	23. PARI A. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. List only one cau	CUL	T	not anter th	e mod		ch aa car	diac or re			Md . 2161 Approximata Interval Between Onset and Dea
d d	ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	a. DUE TO	use on each line	QUENCE (not anter th	e mod	de of dying, au	ch aa car	diac or re			Approximata Interval Betwee Onset and Dea
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e contraction of the contraction	washock, or heart failure. IMMEDIATE CAUSE (Final Idisease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other eignificant condition	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL:	OR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSECUTOR AS A CONSE	QUENCE (OF): OTHER:	And arriving	da of dying, au	Part I.	24a. WASPER 1 UYE	BAN AUTOPS	arrest,	Approximata Interval Betwee Onset and Dea Conset and Dea
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S Mill oc C C til n	Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 1 YES NO 17. MANNER OF DEATH 1 YES NO 17. MANNER OF DEATH 1 INSURABLE (Disease of Injury that initiated events are uniting in death) LAST 1 YES PROBLEM (Disease of Injury that initiated events are uniting in death) LAST	a	GOR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (OTHER: 4 Nursing ME OF JURY M street, factory	arrying 26. PL 26. PL Wolf 1 Y, office	Cause given in ACE OF DEATH (Co. 5 Green Record Re	Part I. Check only of 28d. DE 28f. LOChy	24a. WAS PER 1 VE 1 VE CATION (Str. or Town, S	S AN AUTOPY FORMED? S 2 NO OW INJURY Test and Num	OCCURED other or Runistated.	Approximata Interval Betwee Onset and Dea Conset and Dea
Since CC title CC Tit	Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions. 1 YES NO 17. MANNER OF DEATH 1 YES NO 17. MANNER OF DEATH 1 INSURABLE (Disease of Injury that initiated events are uniting in death) LAST 1 YES PROBLEM (Disease of Injury that initiated events are uniting in death) LAST	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (OTHER: 4 Nursing ME OF JURY M street, factory	arrying 26. PL 26. PL Wolf 1 Y, office	Cause given in ACE OF DEATH (Co. 5 Green Record Re	Part I. Check only of 8 Oth 28d. DE 28f. LOC/c/n	24a. WAS PER 1 VE 1 VE CATION (Str. or Town, S	S AN AUTOPPEFORMED? S 2 NO OW INJURY menter and Num tate)	OCCURED Occurred other or Run stated.	Approximata Interval Betwee Onset and Dea Conset and Dea
Side of the control o	Abock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events resulting in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death) LAST PART II. Other algnificant conditions in death last c	a. DUE TO b. DUE TO c. DUE TO d	GOR AS A CONSECTION OF INJURY — At ho, etc. (Specify)	QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (QUENCE (OTHER: 4 Nursing ME OF JURY M street, factory	arrying 26. PL 26. PL Wolf 1 Y, office	Cause given in ACE OF DEATH (Co. 5 Residence URY AT RK7 (ES 2 NO.	Part I. Check only of 28d. DE 28f. LOCh; in to the case time, det	24a. WAS PER 1 YE CATION (Sh or Rown, Sh tuse(a) and place	S AN AUTOPPEFORMED? S 2 NO OW INJURY menter and Num tate)	OCCURED Occurred other or Run stated.	Approximate Interval Betwee Onset and Des Conset an

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 5 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transit permit. Page be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CERTI	FICATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	Curtis	Clifton	ADK	INS	JULY 3, I	991 ^{ve}	3. TIME OF DEATH 10:35 A M
	4. SOCIAL SECURITY NUMBER NONE	5. SEX 6.	AGE (in yrs. last birthda) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5/1/1991	0	BIRTHPLACE (State or Foreign Country) aryland
5	9a. FACILITY NAME (If not institution, give since the superior of pecepent of			PIS. CITY, TOWN C	OR LOCATION OF DE	ATH	Baltin	of Death nore County
1	10e. STATE 10b. COUNTY		10c. C	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
5	Maryland Hari	ford	I	lavre de (1 口 YES 双双 NO
	10e. STREET AND NUMBER	3		10	I. ZIP CODE			OF WHAT COUNTRY?
	40 Robinhood Road	12. WAS DECEDENT E	VER IN U.S. ARMED	13, WAS DEC	21078 ENDENT OF HISPAN	IC ORIGIN? (Specify Yea	USA or No — 14.	RACE — American Indian,
	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1			ecity Cuban, Mexica ZOKNO Specify	n, Puerto Rican, etc.)		Specify: White
3	15. DECEDENT'S EDUI (Specify only highest grade		18a. DECEDENT	of work done during mo	ON ost of working	18b. KIND OF SU	SINESS/INDUST	FRY
1	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	Infant		Tn	fant	
	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Middle, Meiden		
2	Curtis Clifton Ac	dkins, Jr.			Lori I	Langerud		
	19a, INFORMANT'S NAME (Type/Print)					Noute Number, City or Tow		
	Lori Adkins				•	e de Grace		
	20e. METHOD OF DISPOSITION 1 X Buriet 2 Cremetton 3 Rem 4 Donetton 8 Other (Specify)	ovat from State	other place)	osition (Name of ce ill Cemet				or Town, State Grace, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Auger III	22. NAME A				
	Kirstent). Ungle		Aberd	een, Mary	Funeral Ho Land 2100	1-3399	
	23. PART 1. Enter the diseases, or a shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Broncho	on aech ilna.	y Dyeplas		h as cardlec or resp	iratory arrest	, Approximete Interval Batween Onset and Daeth
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. Prematu	R AS A CONSEQUENCE PITY R AS A CONSEQUENCE					
EDICAL	PART II. Other algnificant condition	na contributing to de	ath but not resulting	g in tha underlyin	g cause given in	Part i. 24a. WAS AN PERFOI	PMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAIN: M	25. WAS CASE REFERRED TO MEDICAL			0.0	LACE OF DEATH (Ch	ank only one)		L
5	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:		8 Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF IN. (Month, Day,	JURY 28b.	TIME OF 28c. IN	JURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
	1 Neturat 5 Pending 2 Accident Investigation	(MONI), Day,	rour)		YES 2 NO			
2	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF II building, etc	NJURY — At home, fam L. (Specify)	m, atreet, factory, offi	DO .	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	29a. CERTIFIER (Check only one) 1 1 CERTIFYINO PHYS 2 MEDICAL EXAMINE							suse(a) and menner on stated.
10 BE	296. SIGNATURE AND TITLE OF CERTIFIE KOHORUM	- M.D			29c. LICENSE NU	MSER	N 1000 7	IONED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE	OF DEATH (ITEM 27) (7	ivoa Print)			ore, M	

Surha Davidson-Randole

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-	-	d by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. From and Mental Hygiene prior to burial, cremation, or removal.	
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BALTIMORE, MARYLAND 21215-0020	6	2	
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7	that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	d by the attending physician and completely filled in by the finand Mental Hygiene prior to burial, cremation, or removal.	
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ORDS, P.O. BOX 68760,	ath	al Hy	
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		1. DECEDENT'S NAME (First			ΔΙρ	xand	ler				2. DATE	July	¥10.	YEAR	3. TIME 0	F DEATH
		4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Monti	OF BIRTH	107		IPLACE (Sta	te or Foreign
	R	9e. FACILITY NAME (If not			66	YRS.	9b. CITY,	, TOWN	OR LOCATIO	ON OF DE	EATH	1 21,	9c. COU	A1a	EATH	
	CTO	Calvert RESIDENCE OF DE			pital				e Fr	ede	rick	2	С	alv	ert	
1	DIRECTOR	Maryland	10b. count	lvert		10c. CIT	v, town d Hu		ngtov	vn.					10d, INSIE	E CITY S7 2 🔯 NO
it permit	RAL	10e. STREET AND NUMBER		- 1				-	f. ZIP CODE	E					WHAT COUN	
020 physiclan. burial-transit	FUNERAL	535 Armig		12. WAS DECEDEN	T EVER IN U.S. AI	RMED	13. 1	MAS DEC	206		VIC ORIGIN	7 (Specify Yes		ISA 14. RACI	- America	en Indien
5-0020 anding physic as the burial	BY	1 Never Married 2 3 Widowed 4 Div			YES 2 X	NO .	1 1	I yes, sp	ecify Cuba 2 NO	n, Maxica	n, Puerto I	Non, etc.j		Spec	c, White, atc	
2121 al or atte	PLETED	15. DEC (Specify on Elementary/Secondary (EDENT'S EDI ly highest gred 0-12)	JCATION e completed) College (1-4 or 5		ECEDENT'S live kind of the Do NOT us	USUAL OC work done of se retired.)	turing mo	ON ost of workin	ng	166.	KIND OF BUS	INESS/INC	DUSTRY		
RYLAND Hed by the hospitud be detached	BE COMPL	17. FATHER'S NAME (First, A WILL TUC				2100						Middle, Maiden : Dubois				
MA retair 5 she 10 th	10	19a. INFORMANT'S NAME (Barbara		cks	19							er, City or Town			78	
IMORE, I Page 6 may be Il director, page and ner must be r		20a. METHDD OF DISPOSIT 1	(Specify)		20b. PLACE cemetery, cri		ther place)		ame of	7	/12/	91 Cli	nton			nd
death. e funera		21. SIGNATURE OF FUNERAL	-				22, 1	NAME AP	Fun	SS OF FAC	CILITY		Dar	es B	each	Rd.
DS, P.O. BOX 68760, edeath certificate be executed within 24 hours after the attending physician and completely filled in by th. Mental Hygiene prior to burial, cremation, or removalury, or other traumatic event, the medical	CERTIFICATION	IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injutted linitiated evente resulting in death) LAS	ions, diate ling	b. DUE TO	(DR AS A CONSE	OUENCE DI	F): F):	ATE	RAL		PUL	mon A	RYE	EmBo	0	val Between et and Death
		PART II. Othar significe	nt condition	na contributing to	death but not i	esuiting i	in the unc	deriying	g cause g	jiven in l	Part i.	24s. WAS AN A		24b.	WERE AUTO	PSY FINDINGS
RECO requires the een signed of Health shows an	: MEDICAL										_	1 [] YES 2	□ NO			N OF CAUSE
F VITAL RE SICIAN: The law requ certificate has been the State Dept. of t, or Item 23 sho	SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:					ACE OF DE	EATH (Che	ick only on)				
F VI SICIAN: certifica the St	PHYSI	1 YES 2 NO		1 Inpetient 2 5		DOA 28b, TIM		ing Hom	e 5 🗆 Res	sidenca						
の美語者	BY PI	1 Natural 5	Pending Investigation	(Month, D			URY		RK?	NO [280. DES	CRIBE HOW IN	JURY OCC	URED		
ISIC TTEND TOR: A after d	ETED !		Could not be detarmined	26e. PLACE O building,	F INJURY — A1 ho etc. (Specify)	me, larm, a	rireet, facto	ry, office			261. LOCA City o	TION (Street ar	nd Number	or Rural R	oute Number	7
E AR =	COMPLI	29a. CERTIFIER (Check only one) 1 CERTIFIER 2 MED	IFYING PHYS	ICIAN: To the best of an	my knowledge, de	ath occurre	n, in my op	ne, date Inlon, de	and place, eath occure	and due t	to the cau	se(s) end mann and place, and	due to the	ed. • cause(s	end menne	or as stated.
TO THE HOSPI TO THE FUNER be filed within	BE	29b, SIGNATURE AND TITLE	DF CERTIFIE	60	sie	6	nD		D -		BER	9	29d. DATE		(Month, Day,	Year)
7	2	30. NAME AND ADDRESS OF		Shah M		W-27) (Type,	Print)		Prin			deric	s Ma			
		31. DATE FILED (Month, Day, JUL 1	Yeer)		R'S SIGNATURE	dell								-		

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		Page	
15-0020	ttending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Present to Bept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
BALTIMORE, MARYLAND 21215-0020	e law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	be detached for us	at once.
E, MAR	be retained	ige 5 should	e notified
IMORE	Page 6 may	d director, pa	123 shows any injury, or other traumatic event, the medical examiner must be notified at once.
BALT	after death.	y the funera noval.	cal exami
n	124 hours	y filled in tation, or rea	the med
8760,	uted within	l completel	ic event,
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P.O. I	ath certifica	tending ph al Hygiene	or other
RDS,	hat the dec	d by the at	ny injury,
AL RECORDS, P.O. BOX 68760,	requires t	has been signed by the attending physician and completely filled in by the 1 Dept, of Heatth and Mental Hyglene prior to burial, cremation, or removal.	shows a
7	W.P.	Dept	23

DIRECTOR

FUNERAL

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DIVISION OF VITAL

OR ATTENDING PHYSICIAN: The

certificate h

this c marked,

After 1 death

DIRECTOR: / hours after d Item 28 is

TO THE FUNERAL ID THE FUNERAL ID BE filed within 72 h HOSPITAL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH O T 07 84 ANTOINETTE ANDERSON 7:18 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign 5 SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 9-13-1903 Maryland DAYS 1 M XXF 87 Se. FACILITY NAME (If not institution, give atreet and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH NORTH ARUNDEL HOSPITAL ASSOCIATION GLEN BURNIE A.A. COUNTY RESIDENCE OF DECEDENT 10d. INSIDE CITY Anne Arundel Glen Burnie 1 YES 2 NO Maryland 10g. CITIZEN OF WHAT COUNTRY? 101. ZIP CODE 1234 Cathedral Street Gien Burnie 21061 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES XXNO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Merried 3 Modowed 4 Divorced Caucasian 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) Home Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine T. Ravio Pessaro, Andrew BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 313 South Drive Severna Park, MD 21146 Mr. Lenny Anderson 20s. METHOD OF DISPOSITION

N☐ Burlel 2 ☐ Cremation 3 ☐ Removal from State
4 ☐ Donation 5 ☐ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State 7-8-9 Lorraine Park Cemetery Woodlawn, Maryland 22. NAME AND ADDRESS OF FACILITY
Barranco & Sons Funeral Home 21. SIGNATURE OF FUNERAL SERVICE EXCENSES 495 Ritchie Highway Severna Park, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) sture our CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED DO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2 NO ent 2 - ER/Outpetient 3 - DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d. DEŞCRIBE HOW INJURY OCCURED 1 Natural 8 Pending Investigation 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be determined ED 4 Homicide H 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL nation end/or investigation, in my opinion, death occured at the time, date and place, end due RE AND TITLE OF CERTIFIER 29b, BIGNAT 29c. LICENSE NUN BE 2 PLETED CAUSE OF DEATH TEM 27) (Type, Print

DR.J.M.RAMIREZ,M.D./7845 OAKWOOD ROAD/GLEN BURNIE MD.

32. REGISTRAR'S SIGNATURE Davidson Bridale

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AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nows after death. Page 6 may be retained by the hospital or attendi	AL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 12 hours after death with the State Dept, of Heatth and Mental Hygiene prior to burial, cremation, or removal.	
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Dr. Mayer Gorbaty,
31. DATE FILED (Month, Day, Year)
JUL 10 1991 Julia

-	Joseph Edwa					ICATE (BACALT	of DEATH	1991	YEAR	3. TIME OF 1	EATH
	4, SOCIAL SECURITY NUMBER 213-10-6512	ER	5. SEX	6. AGE (In yrs. 83	lest birthday) YRS.	IF UNDER 1 YE	_	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont)	OF BIRTH		Coun	THPLACE (State	
~	9a. FACILITY NAME (If not ins							R LOCATION OF D	-	,, 0, 1.	9c. COU	NTY OF	DEATH	
DIRECTOR	1063 Little	_	thy View								Ann	e Aı	rundel	
IRE	10a. STATE	10b. COUN			100	Annapolis							10d. INSIDE	
AL D	Maryland 10e. STREET AND NUMBER	Anne	Arundel		An	napoli	101. ZIP CODE 10g. CITIZEN OF WHAT C					1 YES		
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BY FUNER	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo			NT EVER IN U.S. 1 YES 2 1 WAR OR DATES		If ye	es, spe	endent of Hispa offy Cuban, Mexico 2 NO Specia	n, Puerlo		is or No—		CE — American ick, White, etc. ecity:	indian,
0		EDENT'S ED y highest grad				S USUAL OCCU work done during use retired.)			168	. KIND OF BU	JSINESS/IN	DUSTRY		
COMPLET	12 17. FATHER'S NAME (First, Mi				rane	Operat	or	16. MOTHER'S NA	ME (First,					Ó
BE	Joseph Alle				19b. MAILIN	G ADDRESS (S	Street an	Annie			wn, State, Zi	io Code)		,
10	Virginia M.		en					Magothy					MD 2140	1
	21. SIGNATURE OF FUNERA	T REMOCE !	LICENSEE .			22 NA		The second second second						
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M.D., 95 Aquahart Rd., Glen Burnie, Maryland 21061

1:30 P M

1. DECEDENT'S NAME (First, Middle, Last)

Mary

Adams

Louise

3. TIME OF DEATH

1991

	1	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month,	F BIRTH Day, Year)		8. BIRTHPLAC Country)	E (State or Foreign
pino	Ŋ.	215-16-8279 9a. FACILITY NAME (If not institution, give s			73 YRS.	9b. CITY, 1	rown o	R LOCATION OF DE	and the second	4 191		Mary.	
	ron	Rt. 1 Box 35C	Anthon	y Mil	1 Rd.	De	nto	on			Car	oline	
	DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCAT					1111	INSIDE CITY LIMITS?
all the		Maryland 100. STREET AND NUMBER	Caro1	ine			101	Dento:	n		10g. CIT	IZEN OF WHAT	YES 2 NO
n. ansit pe	FUNERAL	Anthony Mill R						21629				.S.A.	
ding physician. : the burial-transit permit	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	YES 2	NO	26	yes, spe	ENDENT OF HISPAN scify Cuben, Mexica 20 NO Specify	n, Puerto A		or Na—	Specify:	merican Indian, ita, etc. asian
he hospital or attending detached for use as the once.	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	cation completed) College (1-4 or 5 None	+) 9	eleph	work done du se retired.) IONE	iring mo		230	COMMU		ation	S
5 % To	E COMPL	17. FATHER'S NAME (First, Middle, Last) Linwood Lon	g					18. MOTHER'S NA Net	ME (First, M	idale, Meiden Mae		nry	
be retained ge 5 should e notified	TO B	19m. INFORMANT'S NAME (Type/Frint) George P. Adam	s		111111111111111111111111111111111111111	the second second		35C, De		-			629
ector, par must b		20a. METHOD OF DISPOSITION 1\(\) Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PL 0# D €	ACE OF DISPO	Ceme	te:	netary, cremetory or				City or Town, S	
0 = 0		21. SIGNATUME OF UNERAL SERVICE LIC	CENSEE MOC	ne_	,			o Adoress of FA ce Fune ver B,		Home,	P.	A. land	21629
the death certificate be executed within 24 mouns after the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal ijury, or other traumatic event, the medical is	CERTIFICATION	23. PART I. Estar the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Fine) disease or condition resulting in desth) Sequentielly list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e	O (OR AS A CO	line.	ots or:		1 20 T		,	097	-	Approximate Interval Between Onset and Desth 2 - Y but
e law requires that the deal has been signed by the ath Dept, of Health and Menta 1 23 shows any Injury,	MEDICAL	PART II. Other significent condition	ns contributing to	death but	not resulting	In the und	SertyIn	g cause given in	Part i.	PEHFOI 1 YES 2	MED?	AMA CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\sum \) NO
두 음음 등	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	□ E9/Oudmette	ant 2 □ DOA	OTHER	:	LACE OF DEATH (Ch					
NG PHYSICIAN: The fiter this certificate I eath with the State marked, or item	Y PHYSICIAN:	28 MANNER OF DEATH 1 Netural 5 Pending	26s. DATE O		28b. Til		28c. INJ WC	NO PROSIDENCE PURY AT ORK? YES 2 NO	7	CRIBE HOW I	NJURY O	CURED	
TTENDI TDR: A after d	тер ву	2 Accident investigation 3 Suicide 6 Could not be 4 Homicida detarmined		OF INJURY — , etc. (Specify)	At home, farm,	street, facto	ry, offic		261. LOC	ATION (Street or Town, State)	and Numbe	or or Rural Route	Number,
TAL OR VAL DIR 72 hour	COMPLETED	onel only						and place, and due leath occured at the					I manner as stated.
TO THE HOSPI TO THE FUNEF be flied within	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	0,6	32/10	u l	W		29c, LICENSE NU	MBER 74	09	29d. DA	TE SIGNED (Mo	nth, Day, Year)
	-	30 MAME AND ADDRESS OF PERSON WI	10 COMPLETED CA	JSE OF DEATH	(ITEM 27) (Тур	e, Přínt)							
3		31. DATE FILE (Mageth, Day, 991)	32. MEGISTE	Davidson	une unaparales	2							

	1. DECEDENT'S NAME (First, Middle, Li	est)			ICATE OF			2. DATE OF E	EG. NO.	YEAI				
	Harold 4. SOCIAL SECURITY NUMBER	Lee 5. SEX	6. AGE (In yrs. Ia	Ada et birthdey)	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF B			2 · 24 P			
	220-34-9678	1 M 2 F	80	YRS.	MONTHS DAYS	HOURS	MIN.	12 1	7 191	O Ma	aryland			
H	9a. FACILITY NAME (If not institution, g		Factor		Easto		ION OF DI	EATH	00	Tal				
DIRECTOR	Memorial Host		Easton	Tine CIT	Y, TOWN OR LOCA					202	10d. INSIDE CITY			
	Maryland	Carolin	ie			Fede		sburg			1 ES 2 N			
ERAL	Noble Road	Rt. 2	Box 16	162 101. ZIP CODE 21.6							· A .			
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES		If yes, s		an, Maxica	NIC ORIGIN? (Si in, Puerto Ricer y:			ACE — American Indian lack, White, atc. pecify: aucasian			
ETED	15. DECEDENT'S (Specify only highest g	rade completed)	(0	Give kind of	USUAL OCCUPATI work done during m		ing	16b. KIN	D OF BUSINE					
TO BE COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5	i+) ""		Farmer				Fa	rmin	g			
	17. FATHER'S NAME (First, Middle, Last))	18. MOTHER'S NAME (First, Middle, Melden Surname							name)				
	Edward 19a. INFORMANT'S NAME (Type/Print)	Adams	140	DE MAH IN	ADDRESS (Street	and Number	Eva			teta 7in Coda	1			
	Minerva B. Ad	dams		Rt.				edera						
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremation 3 1 1 4 Donation 5 Other (Specify)		20b. PLACI	E ANO OAT	E OF OISPOSITION	N (Name		OATE	20c. LOCATI	ION — City o	N — City or Town, State			
	21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	Mare		Bloomery Cemetery 7/6 Smithville									
	A VILLUSON	Moore Funeral Home, P.A. Drawer B, Denton, Maryland												
	23. PART I. Enter the diseases,	or compilcatione th	at coused the d	eath. Do							Approxima			
	23. PART I. Enter the diseases, ahock, or heert felle IMMEDIATE CAUSE (Final disease or condition resulting in death)	ire. List only one ce	est coused the depuse on each line	le.	not enter the m	oda of d	ying, aud	ch as cardiac	or reapirate	ory arreat,	d 21629 Approximatinterval Bei Onset end			
RTIFICATION	ahock, or heert fells IMMEDIATE CAUSE (Final disease or condition	a. COI DUE TO DUE TO C	ouse on each lin	EOUENCE C	ort enter the m	oda of d	ying, aud	ch as cardiac	or reapirate	ory arreat,	Approxima Interval Be			
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30 HOME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) JUL 5 91

32. REDISTRARY SIGNATURE.

GUNA DAYMON - Pandelle

OTTOS SOR

23. PART I. Enter the diseases, or complications that caused the defin. Do not anter the mode of dying, such as cardiac or respiratory strest, shock, or heart feliure. List only one cause on each line. Appropriately a shock or heart feliure. List only one cause on each line.		REGISTRAR 1. DECEDENT'S NAME (First	etta	" Loretta			man		DEA1		2. DATE	REG. NO OF OEATH	13	GEAR	3. TH	B IC
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No. STATE Section Se	OR			ad			F	alls	ston		100		I	larf	ord	
St. STREET AND NUMBERS 12, MAS DECEDENT EVER IN U.S. ARMED 13, MAS DECEDENT OF HIRPANC CONCINT (Specify Yes or No. 14. ARCE. — American 17 yes, specify closely, Marketan, Purston Richard, and 17 yes, age-specify closely, Marketan, Purston Richard, and 18 yes, specify closely, New York, Marke	ECT			ITY		10c. CI	ry, town o	R LOCAT	TION			_			10d.	INSIDE CITY
The second of the properties o				rford		Fa	allst	on	-"					-		
The process of the pr	RAL			A				101		-	7				COUNTRY?	
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HOTCH Hotel Hote					16a. DECEDENT'S USUAL OCCUPATION					161	. KIND OF B	USINESS/IN	DUSTRY		LE	
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21. SIGNATURE OF PUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY HOWARD K. MCCAMBS TIT Funeral Home, 13.17 Cokesburv Road. Abingdon, Md. 21.0 23. PART I. Enter the disease's, or complications that caused the defitt. To not arter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximately list conditions, If any, leading to immediate cause. Enter UNDERLYMG CAUSE (Disease or Include) CAUSE (Disease or Include) CAUSE (Disease or Include) DUE TO (OR AS A CONSEQUENCE OF): DU				emoval from State	20b. PL of ceme	ACE ANO DAT	y or other p	SITION	(Name			7E 20c. I				ate
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PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 280. DATE OF INJURY (Month, Dex, Veer) 280. DATE OF INJURY AT INJURY NORTH NUMBER (Month, Dex, Veer) 280. CERTIFIER (Check only OF Death Number or Fursi Route Number or Fursi Route Number or Pursi	shock, or IMMEDIATE CAUSE (F disease or condition	haart failure				1	317	Coke	sbu	ry Ro	pad. A	binge	don		2100 Approxim	
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3 Suicide 4 Homicide 8 Could not be determined 288. PLACE OF INJURY — At home, farm, street, factory, office 288. CERTIFIER (Check only one) 290. CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 290. SIGNATURE AND TITLE OF CERTIFIER 290. SIGNATURE AND TITLE OF CERTIFIER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Monify, Day, 133 9)	SICIAN: MEDICAL CE	shock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other significations of the condition of the con	iltions, addata YING jury ast conditions	b. OUE TO d. HOSPITAL: 1 Inpatient 2 28s. DATE (0	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	Ina. P Name	OF): OTHER OTHER	the moderlyin	COKE Oda of dy Oda Oda Oda Oda Oda Oda Oda O	given in	PRY CONTROL PRY CO	24a. WAS. PERF 1 YES	AN AUTOPSY ORMED? 2 NO	rest,	24b. WERI AVAIL COMMO OF D	Approximinatory in Eautopsy I Able Pricores
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Julie Karidson Rendere

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	y filled in by the funeral director, page 5 should be detached for use as the burial-transit tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF I	IEALTH AND I DEATH	MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) ELOUISE	TAYLOR	BARLO	Low		2. DATE (DAY	199	3. TIME OF DEATH 1 3300 P.		
10.000000000000000000000000000000000000	5. SEX		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Morith, NOV.	Day, Year) 10,19	Co	RTHPLACE (State or Foreign unity) RGINIA		
9a. FACILITY NAME (If not institution, give stre PENINSULA GENE			SALIS	BURY	EATH	•	FOEATH COMICO			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND WICOI	MICO		TOWN OR LOCAL	TION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 411 WOODVIEW SQUAR	F APT F		10	1. ZIP CODE 21801	W	1		SA		
	12. WAS DECEDENT EVER FORCES? 1 YES	2 XNO	If yes, sp	CENCENT OF HISPAP pecify Cuban, Mexica 2 X NO Specify	in, Puarto R		No- 14. R	ACE — American Indian, ilack, White, etc.		
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		ille. Do NOT use	rk done durina m	ost of working	16b.	KIND OF BUSIN	ESS/INOUSTR	γ		
17. FATHER'S NAME (First, Middle, Last) PRESTON TAYLOR				16. MOTHER'S NA	DYS G	ASKIL				
19a. INFORMANT'S NAME (Type/Print) KAY BORUM		The second second		T, POCOM)		
20s. METHOD OF DISPOSITION 1 M Burlai 2 Cremation 3 Removal from Stata 20s. PLACE AND DATE OF DISPOSITION (Name Of DISPOSITION (Name										
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST	DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	// Ce	11 Car	-Lino	ma b	fLux	12 hou		
PART II. Other eignificent conditions	contributing to death	but not resulting in	the underlying	ng cause givan in	Part I.	24a. WAS AN AL PERFORM 1 YES 2	ED?	24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
	HOSPITAL:		OTHER:	LACE OF DEATH (C)						
27. MANNER OF CEATH 1 Natural 5 Pending	1 Inpatient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	_	CRIBE HOW INJ	URY OCCURE	D		
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Sp	TY — At home, farm, st	reet, factory, offi	ce		ATION (Street and or Town, State)	d Number or R	ural Route Number,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC EXAMINER								use(a) and manner as stated		
29b. SIGNATURE AND TITLE OF CERTIFIER	1	m.o.		29c. LICENSE NU	THE PARTY OF THE P			NED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON WHO	32. REGISTRAR'S SIG						40			



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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hor
5	OR
	SPITAL

- 1	1. DECEDENT'S NAME (First, Middle, La.	st)					2. DATE OF DEATH			3. TIME OF DEATH
	VIRGINIA	Е	ARBER		JULY 10	. 1991	YEAR	2:45 A.M		
	4. SOCIAL SECURITY NUMBER	MTTCHE 5. SEX		last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreig
-	214-38-0211	1 □ M 2 √2 F	90	YRS.	MONTHS DAYS	HOURS MIN.	MAR. 25		. MINNESOTA	
	9a. FACILITY NAME (If not institution, give	ve street and number)	70		9b. CITY, TOWN	OR LOCATION OF D			OUNTY OF DEATH	
ECTOR	ST. MARY'S NUF	RSING CENT	ER		LEO	NARDTOWN		ST.	MARY	'S COUNT
REG	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	10c, CI1	Y, TOWN OR LOCA	ATION				10d. INSIDE CITY LIMITS?		
ੂਰ∣	MD. ST.	ME	CHANICS	VILLE				1 TES 2 NO		
RAL	10e. STREET AND NUMBER		101. ZIP CODE 10g. CITIZE					HAT COUNTRY?		
FUNER	3170 THOMPSON					20659		_	.S.A.	
교	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			If yes, s	pecify Cuban, Mexico	NIC ORIGIN? (Specify on, Puerto Ricen, etc.	Yea or No-	14. RACE Black	 American Indien, White, etc.
B⊀	3 X Widowed 4 Divorced		1 🗆 YE	S 2 NO Specif	ly:					
	15. DECEDENT'S E (Specify only highest gr		16a	(Give kind of	USUAL OCCUPAT work done during n		16b. KIND OF	BUSINESS/IN	DUSTRY	
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BE	19e. INFORMANT'S NAME (Type/Print)	TACAMIA) I	TT TOUGH		A DODESO /Sware	(UNKNO	MIN) Route Number, City or	MITCHI		
임	NANCY KAY BOWI	FS								2 MD 20
	200. METHOD OF DISPOSITION	<u></u>	20h DI		E OF DISPOSITIO		RD., MEC	LOCATION -		
	1 X Buriel 2 Cremetion 3 R	lemoval from State	of ceme	tary, cremator	y or other place)					
	21. SIGNATURE OF FUNERAL SERVICE	LISTINSEE /	- IST.	JUSEF	H'S CEM	AND ADDRESS OF F		ORGAINZ	A, M	ARYLAND
	VX10.00 1	/ //-					GARDINER	FUNERA	L HO	ME. P.A.
	1 June 4	- Moura	an	>	P.O		LEONAR			
ICATION	disease or condition resulting in death)	S. DUE TO	OF AS A COL	NSEQUENCE (OF):					
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	4. SOCIAL SECURITY NUI 212-14-852		5. SEX	8. AGE (In yr.	s. lest birthday) YRS.	MONTHS DA		OURS MIN.	(Mon	OF BIRTH th, Day, Year)	200	Cour		
	9a, FACILITY NAME (# not		**	02		9b. CITY, TO	WN OR L	OCATION OF O		JUNE 5,1909		MARYLAND UNTY OF DEATH		
TOR	9a. FACILITY NAME (If not institution, give street and number) AT HOME, 6525 LANDOVER RD., APT. 102 CHEVERLY PRINCE OF BESIDENCE OF DECEMENT										GEORGE			
DIRECTOR	10a. STATE MARYLAND	10b, COUNTY				10c. CITY, TOWN OR LOCATION CHEVERLY								
AL I	10e. STREET AND NUMBE						101. ZIP CODE					10g. CITIZEN OF W		
ER,	6525 LANDO	VER RE	APT.	#102					U.S	S.A.				
BY FUNER	11. MARITAL STATUS 1 Never Married 2 [3 🔀 Widowed 4 Di	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					NO If yes, specify Cuban, Maxican					Bla Spe	CE — American sck, Whita, etc. ecity: BLACK	
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00	17. FATHER'S NAME (First,						18	B. MOTHER'S NA			en Surname)			
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2	19a. INFORMANT'S NAME		OF					Number or Rural					MD 207	
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OHMH-18 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Leat)			TIFIC	BRUNEN			2. DATE OF DEATH		3. TIME OF DEATH		
		SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In VIZ.					146	16,19	4/	1600		
	4. SOCIAL SECURITY NUMBER	5. SEX 8.	AGE (In yrs. last bir		UNDER 1 YEAR	HOURS MIN.	7. DATE OF (Month, D.	ny, Year)	Country)			
	262-28-0831 9a. FACILITY NAME (if not institution, give		07		ACTIV TOWNS		6-2-		OHIO			
E E	PENINSULA GENERA				SALISBU	OR LOCATION OF D	EAIH	1 200	UNTY OF DEA			
DIRECTOR	RESIDENCE OF DECEDENT							WIC				
RE	10e, STATE 10b, COUNT		1		OWN OR LOCA				1	IOd. INSIDE CITY LIMITS?		
	MD WOR		OCE	AN CIT	, ZIP CODE		I and an		YES 2 NO			
RA				10					IAT COUNTRY?			
FUNERAL	429 N. 14th St. #3 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S.			2 1842 8. ARMED 13. WAS DECENOENT OF HISPANI					U.S.A.	- American Indian.		
	1 Never Married 2 Married FORCES? 1 X YES 2				If yes, sp	z NO Speci	an, Puerto Rica		Black, Specify:	White, etc.		
Э ВУ	3 Widowed 4 Divorced	WWII				7.191.535			WHI	ITE		
TED	15. DECEDENT'S EDI (Specify only highest grad		(Give I	and of worl	UAL OCCUPATION done during me		16b, Kil	ND OF BUSINESS/II	NOUSTRY			
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ine. Do	NOT use n	WNER			SUPPLY C	OMPANY	7		
COMP	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA		lle, Maiden Surname)				
ш	JOSEPH (UNK) BR	UNEN						K) HINES				
TO BI	19e. INFORMANT'S NAME (Type/Print)		19b. M	AILING AC	DRESS (Street			City or Town, State, 2				
ĭ	GLORIA BRUNEN		42	9 N.	14th	St. #3	Ocean	City, MD	2184	42		
	20e. METHOD OF DISPOSITION 7	-8-91 noval from State	20b. PLACE AN of cemetary, cre	matery or	other place)	,	DATE	20c. LOCATION -	— City or Tow	n, State		
	4 Donation 5 Other (Specify)		SALISE	URY	CREMAT			SALISB	URY, N	MARYLAND		
	21, SIGNATURE OF FUNERAL SERVICE L	CENSEE				ND ADDRESS OF F		OME				
	HOLLOWAY FUNERAL HOME 501 SNOW HILL ROAD SALISBURY, MD 21801											
RTIFICATION	immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											
ш	resulting in death) LAST	d			71							
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SIC	1 YES 2 KNO	HOSPITAL: 1 Minpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)										
ED BY PHY	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF IN. (Month, Day,		6b. TIME (28d. DESCR	28d. DEȘCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be 4 Homicide determined								oute Number,			
COMPLET	29a. CERTIFIER (Check only one) 29a. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 29a. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as											
BE	29b. SIGNATURE AND TITLE OF CERTIFI	late.	, m,	,		29c. LICENSE NO		29d. D.	ATE SIGNED	Month, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)											
		Martin,	m.s.	14	5 E.	Carro	1157	. 5.1.	Sho.	7. 40		
25	31. DATE FILED (Mopth, Day, Year)	32. REGISTRAR'S	S SIGNATURE	14	5 E.	Carro	1157	- 5-1.	560	7.40		

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1. DECEDENT'S NAME (First, Middle, La	est)							2. DATE OF E			3. TI	WE OF DEATH
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192-20-2884	1 M 2 F		YRS.	. T.	DAYS	HOURS	MIN.	(Month, De			Country)	ylvania
9e. FACILITY NAME (If not institution, gi	ive street and number)					R LOCATIO	ON OF DE	EATH	1	9c. COUNTY		
234 Chestnutway	У			Sa	lis	bury				W1	comic	0
10e. STATE 10b. COU				Y, TOWN OF		ION					10d.	INSIDE CITY
PA MO1	ntgomery		IN	arber		. ZIP CODI				10a, CITIZEN		YES 2 NO
127 Conway Ave					101	1907					S.A.	CONTRY
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDED	YT EVER IN U.S. AR I ☐ YES 2 (A) MAR OR DATES	MED	H	yee, sp		n, Mexice	NIC ORIGIN? (Sin, Puerto Ricar		No- 14.		nerican Indien, e, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 Years		(G	tve kind of a Do NOT us	USUAL OCK work done do se retired.)	uring mo	st of workin	g	16b, KIN	D OF BUSIN	IESS/INDUS		
17. FATHER'S NAME (First, Middle, Last)					-		HER'S NA	ME (First, Middle	e, Maiden Su	mame)		
George Algerno	n Tibben					A	nna	Sarah	Harri	son		
190. INFORMANT'S NAME (Type/Print) Barbara A. Roa	ch	191	234	Chest	(Street a	nd Number Way	or Rural Sal	Aoute Number C	otty or Town, Md.	Stata, Zip Co. 2180	de)	
20s. METHOD OF DISPOSITION 149 Burlet 2 Cremetion 3 F		20b. PLACE other pla	900)	s Chu			,	CV		TION — City		nsylvan
21. SIGNATURE OF SCHERAL SESSION	Galler	M		ŀ	Holl	oway Snow	Fur	neral H	lome Salis	sbury	, MD	21801
disease or condition resulting in death)	s. Ceub	O (OR AS A CONSE	Jan DUENCE O	Aec.	ide	_+						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSE	DUENCE O	F):								
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENCE O	F):								1.0
PART II. Other significent condi	tione contributing to	desth but not r	resulting	In the unc	dertyln	g ceuse (given in		PERFORMI	ED?	COMI OF D	AUTOPSY FINDIN ABLE PRIOR TO PLETION OF CAUS EATH?
								- 1			1 🗆	YES 2 NO
25. WAS CASE REFERRED TO MEDICA					26. PI	ACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER 4 Nursi	: ing Horr	• 5.₩RI	neldence	6 Other (Sp	pecify)			
	26s. DATE O (Month,	F INJURY Day, Year)	28b, TIM	E OF JURY M	WC	URY AT PRK? YES 2	NO	28d. DEŞCRI	BE NOW INJ	URY OCCUR	RED	
1 Natural 5 Pending	on				est office			001 1 001710				
	be 26e. PLACE building	OF INJURY — At ho i, etc. (Specify)	me, farm,	atreet, facto	ny, ome	•		City or To	N (Street and own, State)	d Number or	Rural Route I	lumber,
1 Natural 5 Pending 2 Accident 3 Suicide 6 Could not determine 29e. CERTIFIER Check only	be 26e. PLACE building	i, etc. (Specify) of my knowledge, de	ath occurr	ed at the tir	me, date	and place		City or To	own, State)	er on stated.		
1 Netural 5 Pending 2 Accident 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only one) 2 MEDICAL EXAI	be d 26s. PLACE building d HYSICIAN: To the best of	i, etc. (Specify) of my knowledge, de	ath occurr	ed at the tir	me, date	and place leath occur 29c. LIC	red at the ENSE NU	City or 70 to the cause(s	own, State) and menne	er on stated.	ause(a) and	menner sa stated
2 Accident 3 Suicide 6 Could not determine 29e. CERTIFIER (Check only	be 28s. PLACE building https://doi.org/10.1001	of my knowledge, de examination and/or	ath occurr	ed at the tir	me, date	and place leath occur 29c. LIC	red at the ENSE NU	City or To	own, State) and menne	or an stated.	ause(a) and	menner sa stated

1	FOR STATE REGISTRA
ı	1. DECEDENT'S N
•	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

1 - STATE REGISTRAR		CERTIFIC	CATE OF	DEATH	REG	NO.		
1. DECEDENT'S NAME (First, Middle, Last))/A	Bosto	n		2. DATE OF DEAT	DAY	YEAR	3. TIME OF DEATH
NORA THEI 4. SOCIAL SECURITY NUMBER 220-16-9268	5. SEX 5. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF PIRTY (Month, Day, Yo	H var)	Country)	LACE (State or Foreign
96. FACILITY NAME (If not institution, give s PENINSULA GENERA				OR LOCATION OF DE	12-07-(9c. COI	UNTY OF DEA	ATH
10a. STATE 10b. COUNT MD WICC)MICO		TOWN OR LOCAL				1.	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
916 VINCENT STREE				2 180 1			U.S.A	HAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ecity Cuban, Mexica 2 NO Specifi	n, Puerto Rican, et		14. RACE Black, Specify	— American Indian, White, etc. :: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 9 Years	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Housev	rk done during mo retired.)	DN st of working	16b. KIND O	F BUSINESS/IN	DUSTRY	MILLE
17. FATHER'S NAME (First, Middle, Last) ISSAC JAMES Let	CATES			The second section is a second	ME (First, Middle, M			
19a. INFORMANT'S NAME (Type/Print)	ATES			and Number or Rural	Route Number, City of	or Town, State, Z	(ip Code)	
1X Burial 2 Cremation 3 Rem	-8-9 I 20 of	b. PLACE AND DATE (OF DISPOSITION	NT ST. SA		c. LOCATION -	•	n, State MARYLAND
4 Donation 5 Other (Specify) 21. SIGNATURE OF FURNILL SERVICE LIE		PARSONS CI	22. NAME A	NO ADDRESS OF FA	NERAL HO			21801
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	A CONSEQUENCE OF) A CONSEQUENCE OF)		è llez	g des		,	
PART II. Other algolificant condition	a contributing to deeth	but not resulting in	the underlyin	g cause given in	PE	AS AN AUTOPS' ERFORMED? 'ES 2 NO		WERE AUTOPSY FINDS MAILLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (CH	eck only one)			
1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		OF 28c, IN.	IURY AT DRK? YES 2 NO	6 Other (Specification of the Control of the Contro		CCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, streetly)	reet, factory, offic		28f. LOCATION (S City or Town,		per or Rural Ro	oute Number,
anal	ICIAN: To the best of my know							and menner as state
296. SIGNATURE AND TITLE OF CERTIFIE A B 30. NAME AND ADDRESS OF PERSON WI	Morer	MO	Drive .	29c, LICENSE NU P (305	-3	29d. D/	7/5/	(Month, Day, Year)
William +	JOPPER M	D 10	2 P	ower	St.	Se	el'is	buy ad
JUL 0 8 *91	gulienterido	andere						

4)	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO).	
1	1. DECEDENT'S NAME (First, Middle, Last)	1/				2. DATE OF DEATH	DAY YE	3. TIME OF OEATH
	JANL BUT	KE				7-14-9		125 PM
- 1	4. SOCIAL SECURITY NUMBER	1	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
- 4	181-38-0739	1 1 4 2 F	42 YRS.	NONTHS DAYS	HOURS MIN.	Dec. 16,	1948 Ch	nanceford Twp, PA
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
R	University of Ma	ryland Hosp	ital	Balti	more Cit	у	Ba1	timore
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		L 40 - OUTV	TOWN OR LOCAT	100			404 BURDE OUTV
FUNERAL DIRECTOR		York				ndsor Twp	.)	10d. INSIDE CITY LIMITS? 1 YES 2 NO
1AL	10e. STREET AND NUMBER			101	ZIP CODE			OF WHAT COUNTRY?
剪	R.D.#12 Box				17406			JS
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS OECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 V NO	If yes, spi		NIC ORIGIN? (Specify Vin, Puarto Rican, etc.) y:	ne or No- 14.	RACE — American Indian, Black, White, atc. Specify: white
	15. OECEDENT'S EDU (Specify only highest grade	CATION	18a. DECEDENT'S U	SUAL OCCUPATION	ON at of wadden	18b. KIND OF BI	JSINESS/INDUST	TRY
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	ork done during mo retired.)	st or worlang			
P		_2	Est. Pro	ject Ma	nager	Coolin	g & Hea	iting
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maide		
BE (Elwood P. Bu	rke			Mary	O. Campbe	11	
2	19a. INFORMANT'S NAME (Type/Print)		100.50 200.000			Route Number, City or To		
-	Andrea M. Burke				ox 253	York, P		
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		206, PLACE AND DATE of cometary, crematory of RIVERVIEW				E. Pro	ospect Boro
	21. SIGNATURE OF FUNERAL SERVICE LI		010223	Burg	Funeral W. Broad	Home, Inc way; Red	c. Lion, P	A 17356
-	23. PART I. Enter the diseases, or	complications that cause	and the death. Do no					
	shock, or heart feilure. IMMEDIATE CAUSE (Finel	a. Right 149 OUE TO (OR A DUE TO (OR A	eech line.				•	Interval Between Onset and Death
_		PINIT IN	Januar Com	tred D	issutur			į
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):				
A	cause. Enter UNDERLYING							
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):				
E	resulting in deeth) LAST	d						
2	PART II. Other significent conditio	ns contributing to deat	hut not resulting is	n the underlyin	a cause aiven in	Part I 24a WAS 4	IN AUTOPSY	24b, WERE AUTOPSY FINDINGS
DICAL	COLOLARA	A =		i the dilderlyin	g cadao given in	PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Contract of the contract of th	c courte				1 N YES	2 🗍 NO	OF DEATH?
Σ						—		1 TYES 2 NO
Z	25. WAS CASE REFERRED TO MEDICAL							
PHYSICIAN: ME	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (CI			
Ι×S	1 YES 2 NO	1 Propertient 2 ER/C			JURY AT	S Other (Specify) 28d, OESCRIBE HOY	IN SIEW OCCUS	250
ву Рн	1 Natural 5 Pending 2 Accident investigation	(Month, Day, Yea		URY WO	YES 2 NO	28d. DESCRIBE NOV	I INJURY OCCUP	160
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, s Specify)	treet, factory, offic	ca	28f. LOCATION (Street City or Town, Sta		Rural Route Number,
COMPLETED	(Crieck Orny	SICIAN: To the best of my kr						:ause(s) and manner as stated.
8			ation under investigation	it, itt iny opinion, t				
BE (296. SIGNATURE AND TITLE OF CERTIFIE	1 aconguy	(NO)		29c. LICENSE NU	IMBER		HIGNEO (Month, Dey, Year)
70	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CHUSE OF	OEATH (ITEM 27) (Type,	Print) 2 30 G/	seme ST	, Balt as		
	31. DATE FILED (Month, Day, Year) 7-1 JUL (19 19	32. REGISTRAR'S S	IGNATURE		-			
	L CAOPITO IN	1	INCOM- MOTHER	4				



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	cate	aba mile
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	ath	Sand
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	hat	4
	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	not proportion attendance and the south transfer and has been added from the effect of the solution and animalities
	WE	4
ć	The	40.00
	SICIAN:	- Allen
5	PHY	46.54
	DING	444.
2	ATTEN	Compa
5	S.	0.0
ed.	TAL	

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7	THE PERSON NAMED IN	1	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 mous after death. Page 6 may be retained by the hospital or attending physician.	tificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIRECTOR

FUNERAL

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CERTIFICATION

MEDICAL

PHYSICIAN:

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1 - FOR STATE REGISTRAR 19990 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH David Harry Butts O7 David 315 HaRRY Butts SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 1 X M 2 - F 44 YRS. (Month, Day, Year) Maryland 226-62-685 04 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH General Fallston G Harford Fallston mD Hospita 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Edgewood Maryland Harford 1 YES 2 NO 09. CITIZEN OF WHAT COUNTRY? USA 10e. STREET AND NUMBER 101. ZIP CODE 21040 1848 Grempler Way 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married YES 2 NO Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade comple 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY Paint ndary (0-12) College (1-4 or 5+) Machine Operator 11 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname, Alva Ollen Butts Genevieve Lucille Wildeman 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Taym, State Zip Code, 1848 Grempler Way, Edgewood, Md. 21040 Margaret F. Butts 20a. METHOD OF DISPOSITION
1♥ Burlal 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION — City or Town, State 19 Burial 2 Cremation 4 Donation 5 Other (Specify) Fallston, Md. Highview Memorial Gardens 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, 1317 Cokesbury Road, Abingdon, Md. 21009 Approximate Onset and Death IMMEDIATE CAUSE (Final disesse or condition reaulting in death) Sequentially ilst conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury DUE TO (ON AS A CONSEQUEN that initiated events reaulting in dasth) LAST PART ii. Other significant conditions contributing to death but not resulting in the undarlying caysa given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES OF DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL:4 OTHER: ER/Outpatient 3 DOA 4 Nursing Home 5 Realdence 6 Other (Specify) 28a. DATE OF INJURY (Manth, Day, Year) 27. MANNED OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 8 Pending 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 🗌 Could not be 4 Homicide CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or in 296. SIGNAXONE AND TITLE OF CERTIFIER atigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and

290 LICENSE NUMBER

CAUSE OF DEATH (ITEM 27) (Typ

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BEL

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIR

1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPARTME			ENTAL HYGIEI		
1. DECEDENT'S NAME (First, Middle, Lest)			12 01		2. DATE OF DEATH		3. TIME OF DEATH
CARI	E. BURRELL			4		DAY YE 991	AR M
4. SOCIAL SECURITY NUMBER		s. lest birthday) IF UN	IDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign
215-07-2041	1x1x1 2 □ F 83	YRS. MONT	HS DAYS	NOURS MIN.	(Month, Day, Year) 5 8 19	08 6	Country) MARYLAND
9e. FACILITY NAME (If not institution, give atm	eet and number)	9b. C	O MWOT ,YTK	R LOCATION OF DEA		9c. COUNTY	
ANNAPOLIS CON	IVALASCENT C	ENTER	ANNAI	POLIS		ANI	NE ARUNDEL
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY		10e. CITY, TOW	N OR LOCAT	ION			10d, INSIDE CITY
MADVIAND	ADIINDET						LIMITS?
MARYLAND ANNE	E ARUNDEL .	I ANNA	POLIS	ZIP CODE		10a. CITIZEN	OF WNAT COUNTRY?
166 O. BERRY 6	O ZI D M			21/01		1000	30-0-0-0-0-0
166 O' BERRY (12. WAS DECEDENT EVER IN U.S	3_ARMED	13. WAS DEC	21401 ENDENT OF HISPANI	C ORIGIN? (Specify Y		S . A . RACE — American Indian,
1 Never Merried 2 Merried	FORCES? 1 YES 2		If yes, spe	2 XVO Specify:	, Puerto Rican, atc.)		Black, White, atc. Specify:
3∕∏XWidowed 4 □ Divorced				- aggreent		Ι,	BLACK
15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16r	. DECEDENT'S USUA (Give kind of work do	L OCCUPATIO	N et af working	16b. KIND OF B	USINESS/INDUST	TRY
Elemantary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retire	ed.)	A Co Working			ì
		B ARB	ER				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	IE (First, Middle, Meide	n Sumeme)	
FMMITT BURRFILL				LAUI	RA BURRE	ELL	
19e. INFORMANT'S NAME (Type/Print)					oute Number, City or To		
MARGARET SPENCE					ANNAPOLI		
20a. METHOD OF DISPOSITION 1,□,Buriel 2 □ Cremetion 3 □ Remo	val from State oth	ACE OF DISPOSITION or place)				OCATION - City	The second secon
4 Donation 8 D Other (Specify)		ELAWN M				VAPOLIS	
21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE		22. NAME AN	ID ADDRESS OF FAC	11 WE	EST ST	· ANNAP9LIS1
Lavy /	. Deese				ONS MORT		
23. PART I. Enter the diseases, or C	omplications that caused th	e death. Do not er					, Approximate
ahock, or heart fellure. L	Let only one ceuee on each	line.	./	0 :	1 11		Interval Between Onset and Death
disease or condition	1011101	The contract	Ke	or # 7	neller		
resulting in deeth)	OUE TO (OPLAS A CO	NSCOUENCE OF):	voice	1	ruce	- 1	
	bunger	ennu	01	alle	mus	DOLL.	
Sequentielly list conditions, if any, leeding to immediate	DUE TO OR AS A CO	NSEQUENCE OF):			11	1	
cause. Enter UNDERLYING CAUSE (Disease or Injury	V .				,	/	
that initiated events	DUE TO (OR AS A CO	NSEQUENCE OF):					
resulting in deeth) LAST	í						
PART II. Other significant conditions	contributing to death but	not resulting in the	e underlying	n ceuse given in S	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
		•			PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
					I □ YES	2 (NO	OF DEATH?
					- 1		1 YES 2 110
25. WAS CASE REFERRED TO MEDICAL			26 .00	ACE OF DEATH (Che	ck only one)		L
EXAMINER?	HOSPITAL:	OTI	HER!				
27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c, INJ	URY AT	28d. DESCRIBE HOV	V INJURY OCCUR	IFD
1 Natural 8 Pending	(Month, Day, Year)	INJURY	WC	YES 2 NO		STORTON STORY	
2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY —	At home, farm, street,			281. LOCATION (Street	nt and Number or	Rural Route Number
4 Homicide 8 Could not be	building, atc. (Specify)	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town, Sta		,
290. CERTIFIER	OLANI, To the 1	A -43					
(Check only	CIAN: To the best of my knowledger of the basis of examination or						ausa(a) and manner as stated
0 06	/	arreaugation, in	му ориноп, с				
296. SIGNATURE AND TITLE OF CENTRUM		7		29c. LICENSE NUM	BER	29d. DATE S	IGNED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON WHO	ae V	-		177	FI,	1-7-	0-7/
30. NAME AND ADDRESS OF PERSON WIN	1/D 1 Ga V	TEM 27) (Type, Print,	1	GL.	Ann	- N-1-	918 -111-
31 DATE FILED (Manch Der Van)	122 DECETATION OF THE	MOELY	TNC	11019	or july	STORK	10102401
ל ניססי יייין	A PONTA	90					

BALTIMORE, MARYLAND 21203-314	s after death. Page 6 may be retained by the hospital or attending pl	i by the funeral director, page 5 should be detached for use as the bi emoval.	dical examiner must be notified at once.
	200	filled is	he me
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending pi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burdal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE OF MARYLAND / DEPARTMENT CERTIFICATE		L HYGIENE REG. NO.	
1. OECEDENT'S NAME (First, Middle, Last)	- 2. DATE	OF DEATH	3. TIME OF DEATH
HELEN PATRICIA BARR	Jul		AR M
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER		OF BIRTH 8. E	BIRTHPLACE (State or Foreign Country)
494-22-2450 1 M 2 XF 70 YRS. MONTHS	anti-	e 21.1921	Ohio
9e. FACILITY NAME (If not institution, give street and number) 9b. CITY	TOWN OR LOCATION OF DEATH	9c. COUNTY	OF DEATH
Anne Arundel Medical Center RESIDENCE OF DECEDENT	Annapolis	Anne	Arundel
10e. STATE 10b. COUNTY 10c. CITY, TOWN C	PR LOCATION		10d. INSIDE CITY LIMITS?
Maryland Anne Arundel Edgew			1 YES 2 NO
10e. STREET AND NUMBER	10f. ZIP CODE	17.5	OF WHAT COUNTRY?
4180 Carvel Lane	21037		S.A.
1 Never Merried 2 M Merried FORCES? 1 YES 2 NO	WAS DECENDENT OF HISPANIC ORIGINAL PROPERTY CUDAN, Mexican, Puerto	Rican, etc.)	RACE American Indian, Black, White, etc.
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES	1 ☐ YES 2. NO Specify:		Specify: White
15. DECEDENT'S EDUCATION 180. DECEDENT'S USUAL OF		. KIND OF BUSINESS/INOUST	
(Specify only highest grade completed) (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 5 +)	during most of working		
3 Homema	ker	Home	
17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First,	Middle, Maiden Surname)	
Thomas E. Schutt	Helen A.	Garver	
And the second s	S (Street and Number or Rural Route Num		
	rvel Lane, Ed	Contract of the Contract of th	
20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (No. other place)		20c. LOCATION — City	
	Crematory 7/	5 Alexand	ria, VA
21. SIGNATURE OF PUNERAL SERVICE LICENSPE	aylor Funeral	Chapel	21401
I I CAUACI. Y XI	47 Gloucester	-	
23. PART I. Enter the disesses, or complications that caused the death. Do not anter	the mode of dying, such as car		Approximate
shock, or heart failure. List only one cause on each line.	the mode of dying, such as car		
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition	the mode of dying, such as car		Approximate interval Between
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):		diac or reaptratory arrest.	Approximate interval Between
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BALTIMORE, MAR 24 hours after death. Page 6 may be retained filled in by the funeral director, page 5 should	ion, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.

in.	1. DECEDENT'S NAME (First, Middle, Last	Brown	- W	ILBERT	' A B1	ROWN		DATE OF DEATH	YE	
- 1	4. SOCIAL SECURITY NUMBER			s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HI	7.5	06 28 DATE OF BIRTH		SIRTHPLACE (State or Forei
	218-12- 9567	1 M 2 D F		S YRS.	MONTHS DAYS	HOURS MI		Menth, Days Year)	0	Country)
	9a. FACILITY NAME (If not institution, give		- 6	J	9b. CITY, TOWN	OR LOCATION O	E OF ATU	114/26	ec. COUNTY	ARYLAND
DIRECTOR	AAMC Frankliv		ral St		Anno		T DEATH		A	
SE C	10a, STATE 10b. COUN				TOWN OR LOCA	TION				10d. INSIDE CITY
5	MARYLAND ANN	NE ARUNDE	L	AI	RNOLD					1 YES 2 NO
AL	10e. STREET AND NUMBER			150	10	of, ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
FUNERAL	51 E. JOYCE I	ANE				21012			U.S	. A .
5	11. MARITAL STATUS	12. WAS DECEDENT			13. WAS DE	CENDENT OF HI		RIGIN? (Specify Yes o	r No 14.	RACE — American Indian, Black, White, etc.
	1 Kever Merried 2 Married	FORCES? N	R OR DATES	□ NO		pecify Cuben, M S X NO S	exicen, Pu pecify:	erio Ricen, etc.)		Specify:
ВУ	3 Widowed 4 Divorced	W.W	.II			****			В	LACK
9	15. DECEDENT'S Et (Specify only highest gra		164	Give kind of w	JSUAL OCCUPATI ork done during materials	ION lost of working		16b. KIND OF BUSIN	NESS/INDUST	RY
<u>-</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)								
COMPLET				MASON	AKY					
Ö	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (First, Middle, Malden Su	ımeme)	
BE	RUSSELL BROWN					MAS	ZIE	GRIFFI	N.	
5	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	AODRESS (Street	and Number or F	turel Route	Number, City or Town,	State, Zip Coo	de)
F	WADE BROWN			13 C	MARCS	CT. A	NNA	POLIS, N	MD. 2	1403
	20a, METHOD OF DISPOSITION XIXBurtel 2 Cremation 3 Re	amoval from State		ACE ANO DATE	OF DISPOSITIO	N (Name		DATE 20c. LOCA	ITION — City	or Town, State
	4 Donation 8 Other (Specify)	MOVEL HOM State	MT.	CALVA	ARY CH	RUCH C	EME	.91 A1	RNOLD	, MARYLAN
	23. PART I. Enter the dispasses, of	1. Beese			D.E.	rer c				id. ANNABOI
								S MORTU		Approximate
	shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)		uti		ot entar tha m					
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dest, of Health and Mental Hygiene prior to burial, cremation, acremoval.	IMPORTANT, Il House 39 to mondard on Home 32 about one failure on other families and the same to
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	4. SOCIAL SECURITY NUM		5. SEX		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN	10.4	TE OF BIRTH onth, Day, Year)		8. BIRTHPLACE (State of Country)
4	214-64-2		11/2 M 2 D F	22	YRS.	messes and		0	3/24/	59	Baltimore
	Se. FACILITY NAME (If not		street and number)				OR LOCATION OF	DEATH			ITY OF DEATH
DIRECTOR	38 Bon Oak					Reiste	ertown			Balt	imore Cou
HE I	10a. STATE	10b. COUNT	•			Y, TOWN OR LOCA					10d. INSIDE C
	MD		more Cour	ıty	Rei	stersto	wn				LIMITS?
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JMC	17. FATHER'S NAME (First,	Micicle I not)			Leco	icut in					
Č H	Joseph M.								Ebler	Surname)	
20 H	19a. INFORMANT'S NAME				19b, MAILING	ADDRESS (Street	and Number or Rur			yn State Zin	Code)
2	Joseph P	Ebler	M. Bahr	51			orth Av				
	20a. METHOD OF DISPOSI	TION	novel from State	20b. PLA	CEANDDATE	FDISPOSITION /N	ame of	D	ATE 20c. LO	CATION C	Sity or Town, State
	4 Donation 5 DOthe	r (Specify)		cemetery	ill Sai	nts Cem	etery	7/	15/91	Reis.	terstown,
-1	21. SIGNATURE OF FUNER	AL BERVICE-LI	CENSEE	/	1	22. NAME A	ND ADDRESS OF	FACILITY	1160		
	C - 724								1187	A Doi	stonstoun
	IMMEDIATE CAUSE (Fi	neart failure.	List only one cau	use on each	death. Do n	ot enter the mo	Funera	e Hon	ne Reis	terst	sterstown own, Md.21 ent, Approx Interva Onset
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IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED MOPES

MD 22 S.

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TO BE COMPLETED BY FUNERAL DIRECTOR

I. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF DE		MENTAL HYGIEN REG. NO.		
Gerald 6	Bouthon	0.0			2. DATE OF DEATH MONTH DA		year /2 noon
	5. SEX 6. AGE (In			UNDER 24 HRS. URB MIN.	7. DATE OF BIRTH (Month, Day, Year) 02-22-40	1 0	BIRTHPLACE (State or Foreign Country) Baltimore City
a. FACILITY NAME (If not institution, give stre	Havyland	9	Baltin	OCATION OF DE			y of Death
De. STATE 10b. COUNTY	nore County		terstown				10d. INSIDE CITY LIMITS? 1 YES 2 NO
Io. STREET AND NUMBER			10f. ZIP	CODE			N OF WHAT COUNTRY?
119 Caraway Rd			2113			USA	
. MARITAL STATUS Never Merried 2XX Merried Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DAT	2 XNO	13, WAS DECENDED If yes, specify, 1 TYES 2	Cuben, Mexicar	IC ORIGIN? (Specify Yes i, Puerto Ricen, etc.) :	or No-	4. RACE — American Indian, Black, White, etc. Specify: Whate
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use r	WAL OCCUPATION k done during most of etired.)	working	16b. KIND OF BUS		
12 FATHER'S NAME (First, Middle, Last)		Presse				Taylor	Shop
Edward L. Bouth	rer			Ann Ge			
Sherry D. Bouth	rer				oute Number, City or Tow Sterstown		21136
be, METHOD OF DISPOSITION Burlal XX Cremation 3 Remon	rel from State 20b.	PLACE AND DATE O				cation - ci	ty or Town, State
. SIGNATURE OF FUNERAL SERVICE LICE 112 12 12 12 12 12 12 12 12 12 12 12 12	tione omplications that coused			uneral	Home Rei	stersi	
shock, or heart fellure. Li MMEDIATE CAUSE (Finel disease or condition esulting in death)	Sepsis						Interval Between Onset and Deat
Sequentielly list conditions, 6.	To trape:	CONSEQUENCE OF):			ncer		5 2 years
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Bult, 40 21201

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1	1. OECEOENT'S NAME (First, Middle, Last) James Donald	Boyd	5	<u>OLITTI</u>		0.	DEATH		2. OATE OF DEATH	AY	91	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 199-14-2329	6. SEX	6. AGE (In yr	rs. lest birthday) YRS.	IF UNDER	YEAR DAYS	IF UNDER 24 HR		7. DATE OF BIRTH (Month, Day, Year) 4 19	26	6. BIRTH	IPLACE (State or Foreign y)
LOB	500 Lakes Cour						on Location of		тн	1200000	arro	
L DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT MD Call 10e. STREET AND NUMBER	roll		10e. CIT	We	stn	ninste:	r		Laction	TITEN OF N	10d, INSIDE CITY LIMITS? 1 YES 2 NO WHAT COUNTRY?
FUNERAL	500 Lakes Cour				Les		2115	_	C ORIGIN? (Specify Ye	U.	s.	
ВУ	1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEOE! FORCES? IF YES, GIVE:	1 X YES 2	ON	16	yes, s	pecity Cuben, Me		, Puerto Rican, atc.)	9 OF 140-	Blac	E — American Indian, k, White, atc. Thite
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 8	+)	Give kind of the Do NOT to	work done d se retired.)	uring m	iost of working		16b. KIND OF BU			
BE COM	17. FATHER'S NAME (First, Middle, Last) J. Arthur Boyd	h a		01101	× 1110		18. MOTHER'S		nia Lemn	Surname)	LVIC	
TO B	Mrs. Regina A.					•			oute Number, City or Too estminst	ter,	Md.	21157
	20. METHOD OF DISPOSITION AND Burial 2 Cremation 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE		20b. Pt	LACE OF OISPO her place) • Cari	nel	Cen	netery cremetory netery AND ADDRESS O	F FAC	Li		esto	wn. PA
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	O (OR AS A CO	ONSEQUENCE C	OF):	nu	1					Smenths
MEDICAL	PART II. Other algnificant condition	na contributing to	o death but	not resulting	in the un	derlyli	ng cause give	n in F	Part I. 24a, WAS A PERFO	RMED?	241	D. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 D NO	HOSPITAL:	□ ER/Outpette	3 T DOA	OTHER	t:	PLACE OF DEATH		100	0646		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE O		26b. Til	_	28c. IN	JURY AT /ORK?	T	28d. DESCRIBE HOW		CCURED	
03	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — g, etc. (Specify)	At home, farm,		ory, off	ice		28t. LOCATION (Street City or Town, State	t end Numb e)	er or Rural	Route Number,
COMPLET	one) 2 MEDICAL EXAMIN	ER: Dn the besie of							to the cause(e) end m	and due to	the cause	(e) end menner ee stated.
TO BE	296. SIGNATURE AND TITLE DE CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	W H-1	(INA=-	A ATEM OT A	Galleti		29c. LICENSE	NUM 13	BER →1	29d. DA	TE SIGNE	D (Month, Day, Year)
	31. DATE FILEO (Month, Day, Year)	soad	0 10	rive	00	wer	ngo Mi	le	b, Md	? 6	2///	7
1	JUL 15 '91	Julie	Davidso	URE Hande		(

BALTIMORE, MARYLAND 21203-3146

	1 - STATE REGISTRAR	STATE OF N			F HEALTH AND OF DEATH	MENTAL	REG. NO.	Ł		
	1. DECEDENT'S NAME (First, Middle, Last) Ruth	B	BRO	UIN		2. DATE MONTH	OF DEATH	19"	3.	TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 220346331	5. SEX 1 M 2 K F	8. AGE (In yrs. lest birthdey) 54 YRS.	IF UNDER 1 YE MONTHS DA	YS HOURS MIN.	7 ·	OF BIRTH I, Day, Year)	37 B	DLH.	CE (State or Foreign MBRE CNty
TOR	Sa. FACILITY NAME (If not institution, give a	treet and number)			WHOR LOCATION OF		1d	9c. COUNTY	OF DEATH	nd
DIRECTOR	10a. STATE 10b. COUNTY	RFORCE	1	TY, TOWN OR LI	- wood				- 1	1. INSIDE CITY LIMITS? YES 2 NO
FUNERAL		364	et			104			SA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. ARMED YES 2 TO WAR OR DATES	If ye	DECENDENT OF HISP s, specify Cuban, Maxi YES 2 NO Spe	Ican, Puerto I		or No- 14.		American Indian, hits, etc. BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ille. Do NOT u	work done durin	g most of working	166.		ness/indus		
BE COM	17. FATHER'S NAME (First, Middle, Last)	G	REGG		18. MOTHER'S I				1 c	2
TOB		OWN	439	BA	reet and Number or Run	cte	FdGe	- Wo d	4/1	11
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIF		20b. PLACE OF DISPO other place)	VITY	Church	Come	かいく	CATION — CITY	PA	nid
	Leone u	Litt		183	FF MI 9 N BROA	LL61 dway	1 BA	HMOR	E M	0M< 21213
	23. PART I. Enter the diseases, prahock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	. ME		(mode of dying, and					Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	(OR AS A CONSEQUENCE O							
MEDICAL C	PART II. Other aignificant condition	na contributing to	deeth but not resulting	In the under	lying ceuse given	in Part I.	24a. WAS AN PERFO	RMED?	AM CO OF	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 ND
IAN:	25. WAS CASE REFERRED TO MEDICAL				8. PLACE OF DEATH	(Check only or	ne)			
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 I	ER/Outpatient 3 DOA	OTHER:	Home 5 Residence	-		IN HIEW COOK	200	
BY PF	Netural 6 Pending 2 Accident Investigation	(Month, E	Day, Year) IN	JURY	WORK?	28d. DE:	SCHIBE HOW	INJURY OCCUI	4ED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE C building,	OF INJURY — At home, ferm, , etc. (Specify)	street, factory,	office		CATION (Street or Town, State	and Number or)	Rural Rout	e Number,
COMPLETED			f my knowledge, death occur examination end/or investiget							nd menner as stated.
BE	296. BIGNATURE AND TITLE OF CENTRAL	ins	hos		29c, LICENSE 1	NUMBER 177	5	29d. DATE 8	GIGNED (M	onth, Day, Year)
5	30. NAME AND APDRESS OF PERSON W	10 COMPLETED CAU	OF DEATH (ITEM 27) (Typ		STON /	no.	2104	1.7		
	31. DATE-FILED (Months Day, Year)	32. REGISTRA	AR'S SIGNATURE							

11.4

. .

1	1. DECEDENT'S NAME (First, Middle, Last) ROSAL I E							2. DATE O	F DEATH DA	W	YEAR 3.	TIME OF DE
	Catherine Butle	r 5. SEX	6. AGE (In yrs. Is	and foliational and	IF UNDER 1	WEAR	IF UNDER 24 HRS.	7. DATE 0	E DITTU	1 ,	21	CE (State or
	215-76-6047M	1 □ M 2 💟 F	77			DAYS	NOURS MIN.	(Month,	Day, Year)	1913	Country)	YLAND
3	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATION OF DE		. 14,		TY OF DEAT	
OR	Maryland Gener	al Hospit	a1		Ba]	Ltin	nore City	7				
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OF	LOCAT	TION				10	d. INSIDE CI
E	MARYLAND ST.	MARY'S			CHAPT	CICC)				1 (LIMITS?
3AL	10e. STREET AND NUMBER					101	ZIP CODE				EN OF WHA	T COUNTRY?
FUNERAL	BISHOP ROAD						20621				.S.A.	
	11. MARITAL STATUS 12 Never Married 2 Married		YES 2 X		16	yes, sp	ENDENT OF HISPAT ecity Cuben, Mexice EYANO Specific	n, Puarto R		or No-	14. RACE — Bleck, W	American In hite, stc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES		'	U YES	E41 NO Specif	y:			Specify:	ACK
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(Give kind of	USUAL OC	CUPATIO	ON ost of working	16b.	KIND OF BU	SINESS/INDI	USTRY	
, E	Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	HOMEN								
OME	17. FATHER'S NAME (First, Middle, Last)			HOTES	IAKEK	_	18. MOTHER'S NA	ME (First, M	iddle. Meiden	Sumame)		
Ш С	DOMINICK W. BUT	LER					BERNAI					
TO B	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	AOORESS	(Street a	and Number or Rural	Route Numb	er, City or Tow	m, State, Zip	Code)	
F	MARY GENEVIEVE C						TERRACE	, WAS	-			
	20a. METHOD OF DISPOSITION 1/ Burlal 2 Cremellon 3 Rec	movel from State	other j	place)			metery, crematory or				Olty or Town,	
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	- 51	. PRE		IAME A	ND ADDRESS OF FA				N, MA	KILAN.
	111	12	1.	1/			SFIELD FU					
\vdash	23. PART I. Entar tha diseases, or	complications the	74	lands/fig			BOX 279					AND Z
	ahock, or haart fallure				not amai		ou or cynny, out	an da da d	o. 10ap	natory arr	•••,	Interval Onset a
	IMMEDIATE CAUSE (Final disease or condition	Sepsis										Olisat a
	reaulting in death)		(OR AS A CONS	EOUENCE C	PF):							1
ATION	Sequentielly list conditions,		ory Fai									
ERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING		(OR AS A CONS)F):							
FIC	CAUSE (Disease or Injury that initiated events	c. Pneumo	nla (OR AS A CONS	EQUENCE C	F):							1
E	resulting in death) LAST	d										
1 111	PART II. Other algolificant condition	one contributing to	deeth but not	reeulting	In the un	derivin	g cause given in	Part I.	24s. WAS AN	AUTOPSY	24b. W	ERE AUTOPS
0									PERFO	RMED?	_ C	MILABLE PRICOMPLETION C
									1 120	1 110		F DEATH?
OICA								_			1	YES 2
MEDICA								_			1	YES 2
AN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			OTHER		LACE OF DEATH (C)	heck only on	o)		1	YES 2
SICIAN: MEDICA	EXAMINER?	HOSPITAL:		_		ing Hon	na 5 🗆 Rasidenca	6 🗆 Other	(Specify)			YES 2
PHYSICIAN: MEDICA	EXAMINER? 1 ☐ YES 2 ☑ NO 27. MANNER OF DEATH		INJURY	26b. TH	4 🗆 Nurs	ing Hon 28c. IN. W	na 5 🗆 Residence JURY AT DRK?	6 🗆 Other		INJURY OCC		Tes 2
BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF (Month, E	INJURY Day, Year)	26b. TH	4 - Nurs	ing Horn 28c. IN. WC	DURY AT ORK? YES 2 NO	6 Other	(Specify) CRIBE HOW		CURED	
ED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	26a. DATE OF (Month, E	INJURY	26b. TH	4 - Nurs	ing Horn 28c. IN. WC	DURY AT ORK? YES 2 NO	6 Other 28d. DE\$	(Specify)	and Number	CURED	
ED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFVING PHY	26a. DATE OF (Month, E) 26a. PLACE C building,	INJURY Pay, Year) OF INJURY — At atc. (Specify)	26b. Til IN home, farm,	4 - Nurs	ing Hom 28e. IN. WC 1 —	JURY AT DRK? YES 2 NO	6 Other 28d. DES 28f. LOCA	(Specify) CRIBE HOW ATION (Street or Town, State	and Number)	or Rural Rou	
MPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFUMS PLAY	26a. DATE OF (Month, E) 26a. PLACE C building,	FINJURY Any, Year) OF INJURY — At 1 etc. (Specify) I my knowledge,	26b. Til IN home, farm,	ME OF JURY M street, factored at the the	ing Hom 28c. IN. WC 1 ory, office	na 5 Residence JURY AT ORK? YES 2 NO ce	6 Other 28d. DES 28f. LOCC	(Specify) CRIBE HOW ATION (Street or Town, State	and Number	or Rural Rou	le Number,
MPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER DEATH 1 Netural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only) 1 CERTIFVING PHY	26a. DATE OF (Month, E) 26a. DATE OF (Month, E) 26a. PLACE Of building, 26c. PLACE Of building, 26c. PLACE Of building, 26c. PLACE Of building,	FINJURY Pey, Year) OF INJURY — At it etc. (Specify) I my knowledge, examination and/or	26b. Til IN home, farm,	ME OF JURY M street, factored at the the	ing Hom 28c. IN. WC 1 ory, office	JURY AT JURY A	26d. DES 26f. LOCC City of time, date	(Specify) CRIBE HOW ATION (Street or Town, State	and Number) inner as stat and due to th	or Rural Roused. ed. te cause(s) a E SIGNED (M	te Number, and menner a
BE COMPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS 29b. SIGNATUIL AND TITLE OF CERTIFIER 29b. SIGNATUIL AND TITLE OF CERTIFIER 29c. MEDICAL EXAMINERS	26a. DATE OF (Month, Control of the basis of a steel of	F INJURY Por / Year) OF INJURY — At I etc. (Specify) I my knowledge, xxamination and/o	26b. Til IN home, farm, death occur or investigati	4 Nurs ME OF JURY M street, factor red at the the	ing Hom 28c. IN. WC 1 ory, office	DIVERS 2 NO	26d. DES 26f. LOCC City of time, date	(Specify) CRIBE HOW ATION (Street or Town, State	and Number) inner as stat and due to th	or Rural Roured.	te Number, and menner a
MPLETED BY PHYSICIAN: MEDICA	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI	26a. DATE OF (Month, December 2) 26a. DATE OF (Month, December 2) 26a. PLACE Of building. SICIAN: To the best of selection of a selection of	INJURY Print Injury — At it etc. (Specify) I my knowledge, examination and/o	26b. THIN home, farm, death occur w investigati	4 Nurs ME OF JURY M street, factor red at the til ion, in my of	ing Hon 28e. IN. WC 1 Dory, office ory, office me, data pinion, c	JURY AT JURY A	6 Other 26d. DES 26f. LOC/ City of a to the cause time, date	(Specify) CRIBE HOW ATION (Street or Rown, State se(s) and ma and place, as	and Number) inner as stat and due to th	or Rural Roused. ed. te cause(s) a E SIGNED (M	te Number, and menner a

TO BE COMPLETED BY FUNERAL DIRECTOR

- STATE REGISTRAR	SIAIE UT I				DEATH	D MEN	REG. NO.			
1. DECEDENT'S NAME (First, Middle, L	ast)						TE OF DEATH			3. TIME OF OEATH
LEONA MAE CL						Ju		991	YEAR	7:25 P
213-74-5523	5. SEX	6. AGE (In yrs. lest birthday) 84 YRS.	MONTHS	DAYS	HOURS MIN	JAI	TE OF BIRTH onth, Day, Year) N. 25,19	07	Country	PLACE (State or Foreign YLAND
9a. FACILITY NAME (If not institution, g	give street and number)		9b. CITY,	TOWN C	R LOCATION OF	_			TY OF DE	EATH
St. Mary's H			Leo	nar	dtown			St	. Ma:	ry's
10s. STATE 10b. CO		10c. Cl	TY, TOWN OF	R LOCAT	ION					10d. INSIDE CITY LIMITS?
MARYLAND ST.	MARY'S CO	UNTY LI	EONARI	DIO	VN					1 X YES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CITI	ZEN OF W	THAT COUNTRY?
CEDAR LANE APTS	. #312				20650				.S.A	
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDER	IT EVER IN U.S. ARMED			ENDENT OF HIS		GIN? (Specify Yes to Rican, atc.)	or No-	14. RACE Black	- American Indian, White, atc.
3 🕅 Widowed 4 🗌 Divorced		MAR OR DATES 21				ectly:			Specific	
15. DECEDENT'S (Specify only highest)	grade completed)	life Do NOT	work done di	CUPATIO	ON at of working		16b. KIND OF BUS	INESS/INC	USTRY	
12TH. GRADE	College (1-4 or 5	+)	MAKER				HOME	C		
17. FATHER'S NAME (First, Middle, Less	"		722.4		18. MOTHER'S	NAME (Fir	st, Middle, Maiden	-		
EDWARD RICHARD	POTTER				CLAR	A MAI	E TWILLE	Y_		0.00
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street a	nd Number or Re	iral Floute N	lumber, City or Town	n, State, Zip	Code)	
WILLIAM E. LAV	ENDER	A6 SO	CIETY	HII	L RD.	LEO	VARDTOWN			650
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3	Removal from State	20b. PLACE AND DAT of cemetary, cremator	y or other pla	ace)				CATION —	Cify or To	wn, Stata
4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	- IST. GEORG			D METH		r 7/7/91	ST.	GEOF	GE'S ISL.MI
La 0 0:	1	1.					INER FUI	VERAL	HOM	E, P.A.
1 Juchael 7	1. Hara	liner	P	.0.	BOX 27	0. L	EONARDIO	WN.	MD.	
23. PART /. Enter the diaeesea, ahock, or heart fall	or complications the ure. List only one ca	et coused the deeth. Do	not enter	the mo	de of dying,	such as c	ardiac or reapi	ratory arr	reat,	Approximate Interval Between
IMMEDIATE CAUSE (Final	1	0 1	/	-			11	-)	Onset and Death
disease or condition resulting in deeth)	. 12	mer.	7 0	a	rent	ve.	year	7	auli	elmon
	DUE/FO	OR AS A CONSEQUENCE	PPSI	1				-		
Sequentially list conditions,	b. DUE TO	OR AS A CONSEQUENCE	on t	/						1
If any, leading to immediate cause. Enter UNDERLYING	0.535.31									İ
CAUSE (Disease or Injury that Initiated events	e. Due to	(OR AS A CONSEQUENCE	OF):							1
resulting in death) LAST										
									_	
PART II. Other algnificant cond	iltiona contributing to	death but not resulting	in the un	derlyin	g cause giver	i in Part i	. 24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
							1 TYES 2	Bus		OF DEATH?
							.1	1		1 TES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER	to	ACE OF DEATH					
1 YES 2 NO	1 Shipetient 2	ER/Outpatient 3 DOA	_	_	e 5 Resider					
1 Natural 6 Pending			NE OF	W	URY AT ORK? YES 2 NO		DESCRIBE HOW I	NJUNT OC	CUHED	
2 Accident Investiga	28e, PLACE	OF INJURY — At home, farm	street facts				LOCATION (Street a	and Number	or Rural S	Poute Number
3 Suicide 6 Could no 4 Homicide determine	building	, etc. (Specify)	,, 18610	y ₁		201.	City or Town, State)	ITUTTION	OF THE P	runne Isbiiaum,
29s. CERTIFIER 1 CERTIFYING	PHYSICIAN: To the best of	f my knowledge, death occu	rred at the ti	me, date	and place, and	due to the	cause(s) and mar	ther as sen	ted.	
ana)		examination and/or investigat) and manner as stated.
296. SIGNATURE AND THILE OF CERT		1			29c. LICENSE					(Month, Dgs; Warr)
12	1				2		230	•	2/	1/4,
30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CA	JSE OF DEATH (ITEM 27) (7/7)	oe, Print)		00		0		1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL ORECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, the filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JUL 09'91

Davidson-Randale

AGIO INCRIMIT VO CETTI IGNOOF TO CE	
al examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
wal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages
ter death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-Mours after death. Page 6 may be retained by the hospital or attending physician.
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH MONTH DA	Y	YEAR	3. TIME OF DEATH
GROVER	C.		COL	RKRAN .	III		7 7		1	7.15 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	-	RS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign
215-72-3166	1 K M 2 - F	34	YRS.	MONTHS DAYS	HOURS M	IN.	(Month, Day, Year) 1-10-57		Hur	lock, Md
9a, FACILITY NAME (If not institution, give	street and number)	3,1		9b. CITY, TOW	N OR LOCATION	OF DE/		9c, COU	NTY OF D	
0.1:0				Secre	etary			_		
Cabin Creek			_					L	rche	ster
10a. STATE 10b. COUN	TY		10c. CI	TY, TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?
Maryland Car	coline		Ţ	restor	1					1 YES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
Rt.	2, Box	269				2	1655	II.	S.A	
11. MARITAL STATUS	12 WAS DECEDEN	NT EVER IN U.S. AR	MED	12 WAS D	ECENDENT OF H		C ORIGIN? (Specify Yes			E — American Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 NAME OR DATES		If yes,		exican	, Puerto Rican, etc.)		Blac	k, White, atc.
	I	I de DE	OFFICE	2 1101111 0001101	71011	_	Tank KIND OF BUILD	INTERE (INTE	MOTON	
15. DECEDENT'S ED (Specify only highest grad	de completed)	(G	ive kind of	S USUAL OCCUPA work done during use retired.)	most of working		16b. KIND OF BUS	MESS/INE	MISON	
Elementary/Secondary (0-12)	College (1-4 or 5	+)							~	
		1	ruci	k Driv			Concr		Co.	
17. FATHER'S NAME (First, Middle, Last)					07. 1500		AE (First, Middle, Maiden			
	Grover C						Lee Dono			kran
19a. INFORMANT'S NAME (Type/Print)							oute Number, City or Tow			2 21 655
Norma Lee Cor	kran	H	Kt.	2, Box	269,	PI	reston, N	Mary	Tan	2 21655
20a, METHOD OF DISPOSITION				TE OF DISPOSITI			DATE 20c. LO			
1 💢 Burial 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from State	Zion	cremator	metery			7/9/91 P	rest	ton,	Md.
21. SIONATURE OF FUNERAL SERVICE	LICENSEE	-			AND ADDRESS	OF FAC	HUTY FORON	alch	21120	, Md.
> Muliael 7	06	Alexander of the second							-	
munay 7	- Tarcon				man de am					
23. PART i. Enter the diseases, o shock, or heart fallum iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one ca	at caused tha da	urie	not anter the	moda of dying	such	wkins-Es			Approximate Interval Between
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